



# Gannon University

## Office of Graduate Admissions

109 University Square  
Erie, Pennsylvania 16541-0001  
(814) 871-7474  
or Toll Free 1-800-GANNON-U  
Fax (814) 871-5827

# Transitional Doctor of Physical Therapy Admissions Application

### Instructions

Return the completed application with the \$50.00 application fee to:

Graduate Admissions Office  
Gannon University  
109 University Square  
Erie, PA 16541-0001

Make check payable to **Gannon University**.

### Please Print or Type

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
*(Last, First, Middle)*

Please indicate any other name(s) under which your transcripts may be submitted:

\_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone No. (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Fax No. (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Work Telephone No. (\_\_\_\_) \_\_\_\_\_  Male  Female

What is your citizenship?  U.S. Citizen  Immigrant – Permanent Resident  Non-Resident Alien

If not a U.S. Citizen, do you need the I-20 Form?  Yes  No

Start Term: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

### Colleges / Universities Attended (*Include ALL*):

NAME OF INSTITUTION	STATE	DATES ATTENDED (FROM/TO)	DEGREE AWARDED
1. _____ Institution granting entry-level Physical Therapy degree			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

## Current Clinical Experience

Full Time / Part Time / Per Diem      Start Date      End Date

Clinic \_\_\_\_\_

City, State \_\_\_\_\_

Clinic \_\_\_\_\_

City, State \_\_\_\_\_

## References

List the names and positions of the two persons from whom you will request a recommendation

1. \_\_\_\_\_

2. \_\_\_\_\_

## Racial/Ethnic Background (Optional)

This information is for statistical purposes only and has no bearing on admission to the University.

Native American or Alaskan Native       African American       Non-Resident Alien       Puerto Rican

Asian or Pacific Islander       Caucasian       Mexican-American       Other/Latino/Hispanic

## Religious Affiliation (Optional)

This information is for statistical purposes only and has no bearing on admission to the University.

Roman Catholic       Greek Catholic       Greek Orthodox       Jewish       Baptist

Islamic       Episcopal       Lutheran       Methodist       Presbyterian

Other \_\_\_\_\_

I certify that the information provided by me is accurate to the best of my knowledge and understand that all records become the property of Gannon University and cannot be returned to the applicant nor forwarded to a third party.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Attach separately:

- Proof of current license to practice physical therapy in the United States
- Documentation of 500 hours of current clinical experience within the last two years.
- Curriculum vitae or résumé outlining all professional development activities
- One page statement of professional goals and objectives related to obtaining your tDPT
- Two references from clinical colleagues (one of whom is a supervisor)
- Computer Literacy Affidavit provided in Admission Packet.
- Professional and Life Experience Portfolio Assessment

**Official Transcript:** Official transcript should be requested from all colleges attended and mailed directly to: Graduate Admissions, Gannon University, 109 University Square, Erie, PA 16541. You must have graduated from an education program accredited by the Commission on Accreditation in Physical Therapy Education. Gannon graduates do not have to request their transcripts.



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### Transitional Doctor of Physical Therapy Recommendation Form

Please use full name:

Name of Applicant \_\_\_\_\_ Last 4 digits of Social Security Number. \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Clinical Practice / Setting: \_\_\_\_\_

#### Applicant should complete the following:

#### Waiver of Access

I have requested that this report be filed by school officials for use in the admissions process by officials of Gannon University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options:

- I waive access to this report which shall therefore be considered confidential.
- I do not waive access to this report.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note to Person Providing Reference:** If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to University officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Gannon University.

#### To the Person Providing Reference

Please complete and return this form to:

Office of Graduate Admissions  
Gannon University  
109 University Square  
Erie, PA 16541-0001

The information that you supply concerning this applicant will be used in the screening and final ranking of applications. No application will be considered without this information. Your cooperation is appreciated.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_





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*Please use full name:*

Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Degree Granting School \_\_\_\_\_

#### Applicant should complete the following:

#### Waiver of Access

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## Transitional Doctor of Physical Therapy Computer Literacy Affidavit

Gannon University and the Institute for Physical Therapy Education rely on computer technology in the delivery of course materials and completion of assignments, (i.e. library research, research papers, classroom presentations).

We ask that all students fill out this form, attesting to their computer literacy.

I have access to the internet either at home or at work and a work or private e-mail account which I check on a regular basis.

I have experience with the following technologies:

<u>Technology</u>	<u>Experienced</u>	<u>Familiar</u>	<u>Never Used</u>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending & attaching files to e-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet search enging (e.g. Google)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processing (e.g. Word)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheets (e.g. Excel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database (e.g. Access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation Software (e.g. Power Point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Electronic databases to search for scientific literature (e.g. Medline, CINAHL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Experience or familiarity in almost all of these areas is a pre-requisite for admission.

Signature \_\_\_\_\_

Date \_\_\_\_\_