



Sage Graduate Schools EDUCATION
HEALTH SCIENCES
MANAGEMENT
THE PROFESSIONAL CONNECTION

**School of Health Sciences
Doctor of Physical Therapy Program
Supplemental Forms**

Doctor of Physical Therapy Program | Application Instructions

In addition to the information provided in the general application instructions, please note the following Doctor of Physical Therapy (DPT) Program guidelines:

1. Application Deadlines:
 - » The Physical Therapy DPT application priority deadline is January 4 – summer entrance only.
 - » The Physical Therapy DPT articulation agreement applicant deadline is June 1.
2. Program Specific Instructions:
 - » In addition to completing the General Application forms, the following programs have program-specific application requirements:

Physical Therapy DPT applicants please submit these forms to:

The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208

- » » Academic Standards Statement
- » » Clinical Observation Sheet
(Multiple copies of this form can be submitted – if not complete at the time of application, please indicate anticipated completion date on the prerequisite form.)
- » Prerequisite Form

Transitional DPT applicants please submit these forms to:

The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208

- » Copy of PT license to practice physical therapy in the United States.
- » If you are requesting a course waiver, also submit a portfolio of professional development courses and activities.

DPT Program applicants applying through one of the Sage Graduate School articulation agreements:

- » Need only submit one (1) letter of recommendation

All other applicants for School of Health Science programs need only to complete and submit the SGS General Application Forms.

Doctor of Physical Therapy (DPT) Program | Academic Standards Statement

(Return this form to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208)

Name: _____
Last First M.I.

School address: _____

School telephone number: _____

Home Address: _____

Home telephone number: _____

E-mail address: _____

To: Physical Therapy Program Faculty

I wish to apply for entry into the DPT Program. I am aware of the criteria I must meet in order to maintain my status as a student in the DPT Program and be eligible for continuation in the program. I am aware of the technical standards for DPT students published in the SGS catalog and on the PT website.

I understand I must maintain a semester and overall grade point average (GPA) of 3.0. Should I not maintain a 3.0 GPA or I earn a grade of "C" in multiple courses, I understand I may be placed on probation, suspended or dismissed from the program. I understand I must also achieve a grade of "P" in any pass/fail course, successfully complete all oral/practical/proficiency examinations (minimum passing grade is 80%), and demonstrate effective professional behavior, including interpersonal communication skills and judgment, necessary for the clinical education experience and professional practice. (Further information on the academic and professional behavior standards can be found in the DPT Graduate Student Handbook).

I agree to maintain the standards outlined above if I am accepted as a graduate student in the DPT Program and understand that failure to meet these standards may result in my dismissal from the professional program.

I understand that it is my responsibility to review the additions and amendments to the DPT Graduate Student Handbook while a student in the program.

Signature: _____ Date: _____

Doctor of Physical Therapy (DPT) | Prerequisite Form

(Return this form to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208)

Name of student: _____
Last
First
M.I.

Indicate anticipated entry date to the Doctor of Physical Therapy Program (May 20XX): _____

Program Prerequisite Record

For each prerequisite course and/or activity listed below, please indicate the time frame during which they have been completed or are anticipated to be completed.

	If complete		If not complete	
	Semester/Year completed	School attended	Semester/Year of anticipated completion	School to be completed at
Anatomy & Physiology I w/Lab				
Anatomy & Physiology II w/Lab				
Cell Biology/ Microbiology or equivalent w/Lab				
Chemistry I w/Lab				
Chemistry II w/Lab				
Physics I w/Lab				
Physics II w/Lab				
General/ Introductory Psychology				
Developmental Psychology				
Statistics				
Clinical Observation Hours				

***Please note:** If you are asking to substitute a course that is not clearly titled/defined for a prerequisite, it will be up to the discretion of the DPT Program Director as to whether or not it will fulfill the prerequisite requirement. A course description must be submitted for consideration of any substitution request.

Additional comments:

Signature: _____ Date: _____

Doctor of Physical Therapy (DPT) | Clinical Observation Sheet

(Return this form to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208)

The DPT Program requires that each of our Physical Therapy students observe or assist as a volunteer under a licensed Physical Therapist for a minimum of 40 hours. We believe that this time helps provide them with a realistic perspective of the clinical aspects of therapy that is essential to their academic success. Please have the licensed Physical Therapist complete this form and rating scale and return it to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208. **If your hours of clinical observation will not be completed at the time of application, please submit a letter with your application packet indicating the anticipated date of completion.** Thank you.

Name of student _____

Name of clinical facility _____

Address _____

Total hours spent at your facility _____

In what capacity?

Observation _____

Volunteer _____

Other (explain) _____

Please rate the student in each of the following areas:

		1 Below average		2 Average			3 Above average		4 Superior		U Unable to judge		
Relates to patients		1	2	3	4	U	Reliable/dependable		1	2	3	4	U
Relates to staff		1	2	3	4	U	Judgment		1	2	3	4	U
Accepts direction		1	2	3	4	U	Initiative		1	2	3	4	U
Carries out instruction		1	2	3	4	U	Maturity		1	2	3	4	U
Verbal communication		1	2	3	4	U	Appearance, hygiene		1	2	3	4	U
Written communication		1	2	3	4	U	Professional potential		1	2	3	4	U
Grasp theoretical concepts		1	2	3	4	U	Interest/motivation		1	2	3	4	U

Additional comments:

Please identify (on reverse side) qualities of this student that you believe will help the student successfully complete the DPT Program at Sage.

Licensed PT Signature _____ Date _____

Institution/Department _____

Title _____

Email _____

Phone _____

OFFICE OF ADMISSION
65 1st Street
Troy, NY 12180

Sage