

Sage

School of Nursing and Health Sciences

## SCHOOL OF NURSING AND HEALTH SCIENCES

### Application Instructions

In addition to the information provided in the general application instructions, please note the following School of Nursing & Health Sciences guidelines:

**1. APPLICATION DEADLINES.** The Physical Therapy DPT application deadline is January 15 – summer entrance only. The Occupational Therapy priority application deadline is February 1. The Dietetic Internship application deadline is February 15 – fall entrance only. All other applications for School of Nursing & Health Science programs are accepted on a rolling basis.

**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:**

- a.) “Academic Standards Statement”
- b.) “Clinical Observation Sheet”  
(multiple copies of this form can submitted)
- c.) “Prerequisite Form”

A \$200.00 Enrollment Deposit is due within 30 days of acceptance.

**Occupational Therapy applicants please submit:**

- a.) “Occupational Therapy Academic Standards Statement”
- b.) “Clinical Observation Hours Form”  
(multiple copies of this form can submitted)
- c.) Program Prerequisite Record within 30 days of acceptance

**Occupational Therapy and Physical Therapy applicants applying through one of the Sage Graduate School articulation agreements:**

- a.) need only submit one (1) letter of recommendation
- b.) A \$500.00 Enrollment Deposit is required by Oct. 15th of the undergraduate graduation year.

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

## SAGE GRADUATE SCHOOL

## Doctor of Physical Therapy (DPT)

## Academic Standards Statement

Please complete this form and return with your application packet to the Office of Admission.

Name \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone (            ) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone (            ) \_\_\_\_\_

**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 Physical Therapy major and to be able to be eligible for continuation in the professional level of the program. I am aware of the technical standards for DPT students published in the SGS on-line catalog and the SGS Physical Therapy website.

I understand I must achieve a grade of "C" or better in all professional level courses (PTY). Should I achieve a grade of "C" in **multiple** professional level courses, I understand I may be required to repeat courses or complete other remedial work to assure competence for clinical practice. I understand I must also achieve a grade of "P" in any professional level pass/fail course, successfully complete all oral/practical comprehensive examinations (minimum passing grade is 80%), successfully complete all laboratory proficiency exams (minimum passing grade is 80%), and demonstrate effective professional behavior, including interpersonal communication skills and judgment, necessary for the clinical education experiences and professional practice.

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 Program Handbook while a student in the program.

I understand I must be continually enrolled in the program. In the event a leave of absence is required, this must be requested by the student and approved by the Program Director.

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



# SAGE GRADUATE SCHOOL

## Doctor of Physical Therapy (DPT)

### Clinical Observation Sheet

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 with your application packet to the Office of Admission by January 15th. **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 (specify) \_\_\_\_\_

**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 Graduate School.

Licensed PT Signature \_\_\_\_\_ Institution/Department \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

# SAGE GRADUATE SCHOOL

## Doctor of Physical Therapy (DPT)

### Program Pre-Requisite Form

(Return this form to the Physical Therapy Department)

Name of Student: \_\_\_\_\_  
Last First M.I.

Applying for Admission in:     Summer 2006     Summer 2007     Summer 2008     Summer 2009     Summer 2010

**Pre-Requisite Record**

For each prerequisite courses or activities listed below, please indicate the timeframe during which they have been completed, are in progress, or the anticipated date of completion.

	Semester/Year Completed	Semester/Year In Progress	Anticipated Completion Date
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			
Human Development			
Statistics			
Exercise Physiology w/Lab (with permission of faculty may be completed in the fall semester of the first year)			
Clinical Observation hours			

**Additional Comments:**

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

# SAGE GRADUATE SCHOOL

## Occupational Therapy Program

### Academic Standards Statement

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Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Tel #: \_\_\_\_\_

Place Photograph  
Here (optional)

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

Home Tel #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### To: Program in Occupational Therapy

I wish to apply to the Occupational Therapy Program. I am aware of the criteria I must meet each year in order to maintain my status as an Occupational Therapy major and to be eligible for continuation in the professional program.

I understand I must achieve a grade of "C" or better in all professional courses (OTH), and an overall 3.0 grade point average. Should I achieve a grade of "C" in multiple professional courses, I understand I may be required to repeat courses or complete other remedial work to assure competence for clinical practice. I agree to these requirements and understand that failure to do so could result in my dismissal from the program.

I understand that I must demonstrate effective interpersonal communication skills and judgment to remain in good standing and in order to participate in the fieldwork education component of the program. I agree to maintain these standards at all times. I understand that faculty retains the final decision to approve students for fieldwork placements.

The occupational therapy education process includes multiple fieldwork experiences. I understand students are responsible for transportation arrangements to and from fieldwork settings. I also understand that I am responsible for obtaining yearly physical examinations, immunizations, and cardio-pulmonary resuscitation (CPR) certification in order to complete my fieldwork experiences. In addition, many fieldwork settings require students to be fingerprinted and undergo a criminal history review. I understand students are responsible for the costs of these processes.

**I understand that I must be continuously matriculated in the program. In the event a leave of absence is required, this must be requested and approved by Occupational Therapy Program faculty in order for the student to maintain a place in the Program and eventually be eligible to graduate. A formal leave of absence must also be filed through appropriate College offices (see College catalogue for more information).**

I understand that it is my responsibility to review the additions and amendments to the Occupational Therapy Handbook on an annual basis while a member of the program.

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

# SAGE GRADUATE SCHOOL

## Occupational Therapy (OT)

### Program Pre-Requisite Record

(Return this form to the Occupational Therapy Department)

Name of Student: \_\_\_\_\_  
Last First M.I.

Indicate Anticipated Entry Date to the Occupational Therapy Program (August 20xx): \_\_\_\_\_

#### Program Pre-Requisite Record

For each prerequisite courses or activities listed below, please indicate the timeframe during which they have been completed, are in progress, or the anticipated date of completion. For completed coursework, indicate the grade received.

	Semester/Year Completed	Grade	Semester/Year In Progress	Anticipated Completion Date
Anatomy & Physiology I w/Lab				
Anatomy & Physiology II w/Lab				
Physics I w/Lab				
Introduction to Psychology				
Human Development				
Abnormal Psychology				
Statistics				
Clinical Observation hours				

#### Additional Comments:

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

## SAGE GRADUATE SCHOOL

## Occupational Therapy Program

## Student Information Form

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Name: \_\_\_\_\_ Class of: \_\_\_\_\_

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

School Address: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_

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**Past Medical History** (that could impact your performance within the academic and clinical environment):

**Present Medical Conditions** (i.e. vision, hearing, cardiopulmonary, neuromuscular, orthopedic, etc., that could impact your performance within the academic, laboratory and fieldwork environment):

Are you taking any specific medication/s now? If yes, please explain fully:

I have answered the above completely.

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



# SAGE GRADUATE SCHOOL

## Occupational Therapy Program

### Clinical Observation Hours

The Sage Colleges Program in Occupational Therapy requires that each of our Occupational Therapy students observe or assist as a clinical volunteer under the direction of an Occupational Therapist for a minimum of **20 hours**. We believe that this time helps provide prospective students with a realistic perspective of the clinical aspects of therapy that are essential to their academic success. Please have the licensed Occupational Therapist complete this form and rating scale and return it to the Sage Occupational Therapy Department by February 1. If your hours of clinical observation will not be completed at the time of application, please indicate the anticipated date of completion in a letter. Multiple copies of this form can be made if observation hours will be completed at more than one site. Thank you.

Name of Student: \_\_\_\_\_

Name of Clinical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Total Hours Spent at your Facility: \_\_\_\_\_

In What Capacity?       Observation  
     Assistance  
     Other (explain): \_\_\_\_\_

Please rate the student in each of the following areas by circling the corresponding rating for each category:

<b>1/ Below Average</b>	<b>2/ Average</b>	<b>3/ Above Average</b>	<b>4/ Superior</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Relates to Patients	1	2	3	4	Reliable/Dependable	1	2	3	4
Relates to Staff	1	2	3	4	Judgment	1	2	3	4
Accepts Direction	1	2	3	4	Initiative	1	2	3	4
Carries Out Instruction	1	2	3	4	Maturity	1	2	3	4
Verbal Communication	1	2	3	4	Appearance, Hygiene	1	2	3	4
Written Communication	1	2	3	4	Professional potential	1	2	3	4
Grasp theoretical concepts	1	2	3	4	Interest/Motivation	1	2	3	4

**Additional Comments:** Also please indicate on the back of this form reasons that you believe the applicant will be an asset to the Occupational Therapy profession.

Signature: \_\_\_\_\_ Institution/Department: \_\_\_\_\_

Therapist's Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Sage Graduate School**

Office of Admission

45 Ferry Street

Troy NY 12180

1-888-VERY SAGE or 518-244-6878

[www.sage.edu/admission](http://www.sage.edu/admission)

E-mail: [sgsadm@sage.edu](mailto:sgsadm@sage.edu)