



Professional Phase Application – Part I
(Please Print)

o First application o Reapplication

Date: _____

Name: Last First Middle

Local Address City State Zip Code Date of Birth

Permanent Address City State Zip Code Social Security Number

_ Local Phone Home Phone Cell Phone w/ area code

_ E-mail address Currently licensed/working as a Physical Therapist Assistant?

_ Advisor Major

_ LMU Entry date Student ID number (if current LMU student)

In order to keep your file current, please contact the Physical Therapy Program should any information on this application change after submission.

Physical Therapy Clinical Observation Hours (volunteer/course credit/employment) - please list clinic name, setting (inpatient, outpatient, pediatrics, etc.)

- 1. _____ Setting: _____ # of Hours: _____
2. _____ Setting: _____ # of Hours: _____
3. _____ Setting: _____ # of Hours: _____

Character References

1. Name: _____ Physical Therapist Yes No
Relationship to Applicant: _____

2. Name: _____ Physical Therapist Yes No
Relationship to Applicant: _____

3. Name: _____ Physical Therapist Yes No
Relationship to Applicant: _____

Personal Statement enclosed: Yes No Note: _____

Please initial below indicating that you have received, read, and/or have been informed of the following Physical Therapy Program policies.

_____ Department of Physical Therapy Criteria for Progression to the Professional Physical Therapy Program (applies only to BS/DPT students enrolled at LMU)

_____ Lincoln Memorial University, Doctor of Physical Therapy Program Technical Standards and Essential Functions for Physical Therapy Practice

_____ Terms of Conditional Acceptance (see Item #4 in “Application Instructions” document)

Professional Phase Application – Part II

Please document all prerequisite courses you have completed/are currently completing - **please write the course prefix and number** for courses already completed meeting academic requirements and mark an **IP** for course(s) which are in progress. Students should have seven (7) of the eight (8) science prerequisites (indicated below with *) completed by the end of the Fall semester in which the application is being submitted. All science coursework must have been completed within 7 years of the intended year of entry.

Note: For LMU students, ALL overall and science GPAs will be updated by registrar and reported to the Physical Therapy Program at the conclusion of the Spring semester.

**Please refer to Criteria for Progression to the Professional Physical Therapy Program for all Academic Requirements and Course Repetition policies.*

	Lincoln Memorial University	Transferred
General Biology I*	_____	_____
General Biology II*	_____	_____
General Anatomy*	_____	_____
General Physiology*	_____	_____
Chemistry I*	_____	_____
Chemistry II*	_____	_____
Physics I*	_____	_____
Physics II*	_____	_____
Statistics	_____	_____
Introduction to Psychology	_____	_____
Additional Psychology course:		
_____	_____	_____
*PRS 185 Freshman Seminar in Physical Therapy	_____	_____
*PRS 285 Sophomore Seminar in Physical Therapy	_____	_____
*PRS 385 Principles of Teaching and Learning	_____	_____

** Applicants who have already earned a Bachelor's degree will leave these courses blank.*

Please list **ALL** institutions from which transcripts will be sent:

Please list **ALL** core requirements for your degree (i.e. Science electives, Core electives, etc.), including the number of credit hours for each course, that are **in progress** below:

Applicant Signature

Date