UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

# APPLICATION FOR ADMISSION

**Entry-Level Degree Programs:**
**Doctor of Physical Therapy, Master of Occupational Therapy,**
**Dual Degree Program (MOT/DPT),**
**Flexible Doctor of Physical Therapy**
**Flexible Master of Occupational Therapy**

## *Admission Application Procedures (Please read the following instructions.)*

- ***Application for Admission***
  Applications should be submitted by the due dates listed below and must be accompanied by a $50.00 processing fee (check or money order in U.S. currency only). Read all questions and answer completely; do not leave any blanks. Mark the appropriate space N/A if the question does not apply. Supporting documentation that accompanies the application should be properly labeled. Please call the Student Services office at (800) 241-1027 or email admissions@usa.edu with any questions about the application process.

- ***Application Due Dates***
  Application due dates are as follows:
  - December 15 for the Fall class (begins in September)
  - June 15 for the Spring class (begins in January)
  - October 1 for the Summer class (begins in May)

- ***Official Transcripts***
  Transcripts must be submitted from each college or university you have attended. It is your responsibility to request the official transcript be sent to the address below. Transcripts submitted with the application must be in a sealed envelope from the issuing institution. Please request that your current name and social security number be added to the transcript if necessary. Should you complete course work after submission of the application, an additional transcript must be submitted.

  If your educational credentials are from a college or university outside the United States, you must provide an assessment from an approved credential evaluation agency. The assessment should include a course-by-course evaluation of the foreign course work. Applicants must have the equivalent of a baccalaureate degree earned from an accredited college or university in the United States to be eligible for any degree program.

- ***Graduate Record Examination Scores***
  Applicants to the entry-level degree programs are required to submit official test scores from the GRE. The University's GRE school code is 5325.

- ***References/Required Supporting Documentation***
  In support of your application, references must be provided. Refer to the supplemental information specific to the degree program in which admission is sought for the types of references needed to complete the application.

*Completed applications and supporting documentation should be submitted to:*

**University of St. Augustine for Health Sciences**
**Student Services Office**
**1 University Boulevard**
**St. Augustine, FL 32086-5799**

*You are advised to mail your application "Certified, return receipt requested."*

## GENERAL PROCESSING INFORMATION:

**Degree Sought (Check one only):**

____ Master of Occupational Therapy (MOT) ____ Dual Degree Program: (MOT and DPT)

____ Doctor of Physical Therapy (DPT) ____ Flexible Doctor of Physical Therapy (Flex DPT)

____ Flexible Master of Occupational Therapy (Flex MOT) (St. Augustine, FL only)

**Campus Location:** ____ St. Augustine, Florida ____ San Diego, California ____ Austin, Texas (DPT only)

***NOTE: If you would like to apply to more than one campus, indicate your first, second and third choices. You will be considered for your first choice, then for your second or third choices based on space availability.***

**Application Term** (Circle One): Fall (September) Spring (January) Summer (May)

**Application Year** (Circle One): 2012 2013 2014 2015 2016

Are you applying through the Ambassador Program? ___ Yes* ___ No *If yes, which school? _____

Are you a graduate of another degree program at the University of St. Augustine? ____ Yes* ____ No

* If yes, which degree program? _____ Date your degree was awarded: _____

Have you previously applied to the University of St. Augustine but did not enroll? ____ Yes* ____ No

* If yes, indicate the program and year you applied: _____

## BIOGRAPHIC INFORMATION:

1. Name _____
*Last* *First* *Middle*

If transcripts, test scores, etc. might arrive under any name(s) other than the above, enter here:_____

2. Preferred First Name _____

3. E-Mail Address _____ 4. Cell Phone (_____)_____-_____
***(Required)***

5. Mailing Address: _____
*(All admissions correspondence will be mailed to this address)* *Street, Post Office Box, Rural Route*

_____
*City* *State* *Zip*

6. Home Phone (_____)_____-_____ 7. Social Security Number _____-_____-_____

8. Citizenship Status ____U.S. Citizen ___Resident Alien (*submit copy of card)*
____Naturalized US Citizen ___Other: _____

_____ _____
(country of birth) (current country of citizenship)

9. Date of Birth _____/_____/_____ 10. Gender ___ Male ___ Female
***Month*** ***Day*** ***Year***

11. What is your ethnicity (check one)? ____ Hispanic or Latino ___ Not Hispanic or Latino

12. Select one or more of the following races:
___ American Indian or Alaska Native, not Hispanic or Latino ___ Asian, not Hispanic or Latino
___ Black or African American, not Hispanic or Latino ___ Native Hawaiian or other Pacific Islander, not Hispanic or Latino
___ White, not Hispanic or Latino

12. Marital Status: ____ Single _____ Married

13. Are you VA eligible? ____ Veteran ____ Active Duty _____ Branch of Service

14. Emergency Contact:
Name _____ Relationship _____

_____
*Street, Post Office Box, Rural Route*

_____
*City* *State* *Zip*

Telephone Number (_____)_____ -_____

## College/University Record:

List in chronological order (most recently attended first) every college and university you have attended or will be attending prior to entering a degree program at the University of St. Augustine for Health Sciences (use additional paper if needed). An official transcript must be provided from each institution listed.

**College/ University** _____ City/State_____

Dates of Attendance (Month/Year): _____/_____ to _____/_____ Credit Hours Earned/Expected_____

Approximate Cumulative GPA _____ Degree Earned/Expected_____

Date Degree Awarded_____ Major _____

**College/ University** _____ City/State_____

Dates of Attendance (Month/Year): _____/_____ to _____/_____ Credit Hours Earned/Expected_____

Approximate Cumulative GPA _____ Degree Earned/Expected_____

Date Degree Awarded_____ Major _____

**College/ University** _____ City/State_____

Dates of Attendance (Month/Year): _____/_____ to _____/_____ Credit Hours Earned/Expected_____

Approximate Cumulative GPA _____ Degree Earned/Expected_____

Date Degree Awarded_____ Major _____

**College/ University** _____ City/State_____

Dates of Attendance (Month/Year): _____/_____ to _____/_____ Credit Hours Earned/Expected_____

Approximate Cumulative GPA _____ Degree Earned/Expected_____

Date Degree Awarded_____ Major _____

**College/ University** _____ City/State_____

Dates of Attendance (Month/Year): _____/_____ to _____/_____ Credit Hours Earned/Expected_____

Approximate Cumulative GPA _____ Degree Earned/Expected_____

Date Degree Awarded_____ Major _____

Have you ever been dismissed from an educational institution?_____ If yes, explain:_____
_____
_____
_____

## Graduate Record Examination (GRE):

An institutional score report must be sent to the University directly from GRE. The University code for receiving scores is 5325. The GRE must have been taken within the past five years.

Test Date: _____/_____ Scores: Verbal_____ Quantitative_____ Written_____
*Month* *Year*

## Test of English as a Foreign Language (TOEFL):

TOEFL is required for all applicants for whom English is not their first language. The University code for receiving TOEFL score reports is 0283. An institutional score report must be sent to the University directly from Educational Testing Service.

Test Date: _____/_____ Scores: Total Score_____ Essay _____
*Month* *Year*

## References:

List the names of individuals who are submitting the required reference forms for you. Please refer to the supplemental documentation about references specific to the degree program for which you are applying.

1)_____
*Name* *Title*

_____
*Address* *Telephone number*

2)_____
*Name* *Title*

_____
*Address* *Telephone number*

3)_____
*Name* *Title*

_____
*Address* *Telephone number*

4)_____
*Name* *Title*

_____
*Address* *Telephone number*

## Other:

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper.

Please indicate your primary source of information about the University of St. Augustine:

_____ University of St. Augustine website _____ Professional website or publication _____ Colleague
_____ Continuing education seminars _____ USA Student or alumnus _____ USA Representative
_____ USA Information session _____ Grad Fair _____ USA Open House
_____ PTCAS _____ AOTA _____ Other*

*If other, please describe _____

**Directory Information** relating to a student is considered to be public information unless the student requests that it be kept confidential. A form to restrict disclosure of directory information is available at the Student Services Office. Directory information may consist of: student's name, address, telephone number, date and place of birth, class standing, major field of study, dates of attendance, degrees and awards received, most recent previous educational agency or institution attended, current semester class schedule, and other similar information.

**Important. You must read and sign the following section in order to complete your application.**

*I further agree to the release of any transcript, test score, and reference to this institution necessary for admission processing.*

*I hereby certify that I have not made any willful misrepresentations pertinent to this application and that the information given in this application is complete and accurate. I understand that to make false statements within this application may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies and regulations of the University of St. Augustine for Health Sciences. Should any of the information I have provided change prior to my matriculation at the University, I shall immediately notify the Student Services Office.*

_____ _____
Signature of Applicant (in ink) Date

The University of St. Augustine for Health Sciences admits students of any race, color, religion, gender, marital status, age, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, gender, marital status, age and national or ethnic origin in administration of its educational policies, scholarship and loan programs, or any other school administered programs.

*Revised April 2012*

UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

# Application Checklist

**Name of Applicant** _____

**To make sure your application is complete, review and check off the following items:**

- ❑ Application form – Don't forget to sign it!
- ❑ $50.00 Application fee
- ❑ Official Transcripts - List institution(s):
  Check the circle if transcript is being sent directly from the institution to the University of St. Augustine.
  - ○ _____
  - ○ _____
  - ○ _____
  - ○ _____
  - ○ _____
  - ○ _____
  - ○ _____
- ❑ Required Supporting Documentation form
- ❑ Four Reference Forms – List Names:
  Check the circle if the person is sending the reference directly to the University of St. Augustine.
  - ○ _____
  - ○ _____
  - ○ _____
  - ○ _____
- ❑ Autobiography
- ❑ Statement of Purpose
- ❑ Current Resume
- ❑ Documentation of Observation Hours
  A minimum of eighty (80) hours is required.
- ❑ Contacted ETS and had them send official GRE scores to the University of St. Augustine. The GRE school code is 5325.
- ❑ Email address:_____

FOR OFFICE USE ONLY

Application _____
Application fee _____
Transcripts _____
Req Support Doc _____
Autobiography _____
Pers Statement _____
Resume _____
Doc of Hours _____
No. _____

SCI _____
Hrs. IP _____

45 _____
Hrs. IP _____

GRE _____
Refererences: _____
NOTES_____
_____
_____
_____

❑ Complete

**Please include this form with your application.**

UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

**Student Services Office: 1 University Boulevard, St. Augustine, FL 32086-5783**
**www.usa.edu**

# Documentation of Observation Hours
# Entry-level DPT, MOT, and Dual Degree Option Programs

**Instructions:** The applicant is to complete the information in Section A of this form and distribute it to the appropriate facilities. (Additional copies may be made.) A supervisor from the facility in which the applicant has worked or observed is to complete Section B of this form and return it to the applicant.

## Section A (please print)

**Name**_____

**Program to which you are applying (check one): DPT____ MOT____ Dual Degree____**

**Date of Birth** _____ **Last four digits of SSN: XXX-XX-**_____

**Name of Facility**_____

**Address of Facility**_____

_____

**Phone Number of Facility**_____

**Number of Hours Completed:** _____

**Type of setting: (Check all that apply)**
- ☐ **PT**
- ☐ **OT**
- ☐ **Other**_____

**Applicant Signature**_____ **Date**_____

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## Section B

**Type of setting: (Check all that apply)**
- ☐ **PT**
- ☐ **OT**
- ☐ **Other**_____

**Hours of experience obtained**_____

**Please give a brief description of what the applicant has observed:** _____

_____

_____

_____

**The applicant has completed the stated hours of clinical experience at the facility as listed above.**

**Name**_____ **Position**_____

**Signature**_____ **Date**_____

UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

# Required Supporting Documentation
# Entry-Level Doctor of Physical Therapy Program

**Name:**_____

**Date of Birth:** _____ **Last four digits of SSN: xxx-xx-**_____

## Prerequisite Course Work

Admission to the Doctor of Physical Therapy program requires a baccalaureate degree from an approved institution and the completion of the following prerequisites. Document completion or anticipated completion of the prerequisites below.

| ***Prerequisites*** ***(Substitutes will be considered in consultation with the Program Director.)*** | ***Course Numbers/ Year Completed*** | ***Course Numbers/ Anticipated Completion Date*** | ***Institution Where Taken*** |
|---|---|---|---|
| **General College Chemistry -** ***two semesters*** | | | |
| | | | |
| **General College Physics -** ***two semesters*** **(Biomechanics or Kinesiology can substitute for one semester of physics)** | | | |
| | | | |
| **General College Biology -** ***two semesters*** **(Zoology, Microbiology or Exercise Physiology can substitute for one semester of biology)** | | | |
| | | | |
| **Anatomy & Physiology –** ***two semesters*** **(or Human Anatomy and Human Physiology –** ***one semester each*****)** | | | |
| | | | |
| **Social Sciences -** ***three semesters*** From among the following: ▪ Psychology ▪ Sociology ▪ Anthropology ▪ Abnormal Psychology ▪ Human Growth & Development (A variety of psychology and sociology courses can also be substituted.) | | | |
| | | | |
| | | | |
| ***Recommended prerequisite: Medical Terminology – one semester*** | | | |

***Please note:***

- ***One semester = 3 credit hours on the semester system; 5 credit hours on the quarter system; 1 "unit" on the unit system***
- ***The lab components of the science courses are recommended but not required***
- ***Additional recommended electives include: statistics, speech.***

## References

You must provide **four (4) references** from the following sources**: two (2) physical therapists**; **one** current or former faculty member/faculty advisor; **one** other individual of your choice. Each of the Reference Checklist forms (included with the application form) should be submitted in a sealed envelope. Reference forms can accompany your application or the person providing the reference can send it directly to the University.

## ❑ Statement of Purpose

Include in your application a short statement (one typewritten page) of why you wish to pursue physical therapy as a career and why you chose the University of St. Augustine for Health Sciences for that pursuit.

## ❑ Autobiography

Submit autobiographical essay (two or three typewritten pages) that includes information about your past educational, professional, and personal pursuits beyond that found in other documentation such as transcripts.

## ❑ Current Resume

## ❑ Volunteer/Observation Experience

List any exposure you have had to **physical therapy** and/or other health professions. You should provide evidence of a **minimum of eighty (80) hours** of experience/observation in the field of physical therapy. Attach documentation of hours to this form.

_____

_____

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## Extra-Curricular Activities *(include leadership positions)*

**College**:_____

_____

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**Community**:_____

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## Special Interests/Hobbies

_____

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UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

# Required Supporting Documentation
# Dual Degree Program (MOT/DPT)

**Name:**_____

**Date of Birth:** _____ **Last four digits of SSN: xxx-xx-**_____

## Prerequisite Course Work

Admission to the Dual Degree program requires a baccalaureate degree from an approved institution and the completion of the following prerequisites. Document completion or anticipated completion of the prerequisites below.

| ***Prerequisites*** ***(Substitutes will be considered in consultation with the Program Director.)*** | ***Course Numbers/ Year Completed*** | ***Course Numbers/ Anticipated Completion Date*** | ***Institution Where Taken*** |
|---|---|---|---|
| **General College Chemistry – *two semesters*** | | | |
| | | | |
| **General College Physics - *two semesters*** **(Biomechanics or Kinesiology can substitute for one semester of physics)** | | | |
| | | | |
| **General College Biology - *two semesters*** **(Zoology, Microbiology or Exercise Physiology can substitute for one semester of biology)** | | | |
| | | | |
| **Anatomy & Physiology – *two semesters*** **(or Human Anatomy and Human Physiology – *one semester each*)** | | | |
| | | | |
| **Social Sciences - *five semesters from among the following:*** ▪ Psychology ▪ Sociology ▪ Anthropology ▪ Abnormal Psychology ▪ Human Growth & Development (A variety of psychology and sociology courses can also be substituted.) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ***Recommended prerequisite: Medical Terminology – one semester*** | | | |

***Please note:***

- ***One semester = 3 credit hours on the semester system; 5 credit hours on the quarter system; 1 "unit" on the unit system***
- ***The lab components of the science courses are recommended but not required***
- ***Additional recommended electives include: statistics, speech.***

## ❑ References

You must provide **four (4)** references from the following sources: **one physical therapist; one occupational therapist; one faculty member/faculty advisor; one other individual of your choice.** Each of the Reference Checklist forms (included in the application form) should be submitted in a sealed envelope. Reference forms can accompany your application or the person providing the reference can send it directly to the University.

## ❑ Statement of Purpose

Include in your application a short statement (one typewritten page) of why you have chosen to pursue degrees in both occupational therapy and physical therapy.

## ❑ Autobiography

You must submit an autobiographical essay (two or three typewritten pages) that includes information about your past educational, professional, and personal pursuits beyond that found in other documentation such as transcripts.

## ❑ Current Resume

## ❑ Volunteer/Observation Experience

List any exposure you have had in allied health settings. Use the Documentation of Observation Hours form to document **of a minimum of forty (40) hours of experience in occupational therapy settings and a minimum of forty (40) hours of experience in the physical therapy settings.**

_____

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## Extra-Curricular Activities *(include leadership positions)*

**College**:_____

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**Community**:_____

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## Special Interests/Hobbies

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UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

# Required Supporting Documentation
# Entry-Level Master of Occupational Therapy Degree Program

**Name:**_____

**Date of Birth:** _____ **Last four digits of SSN: xxx-xx-**_____

## Prerequisite Course Work

Admission to the Occupational Therapy program requires a baccalaureate degree from an accredited institution and the completion of the following required prerequisites. Document completion or anticipated completion of the prerequisites below.

| ***Prerequisites*** *(Substitutes will be considered in consultation with the Program Director.)* | ***Course Numbers/ Year Completed*** | ***Course Numbers/ Anticipated Completion Date*** | ***Institution Where Completed*** |
|---|---|---|---|
| **General College Physics** ***one semester*** | | | |
| **General College Biology** ***one semester*** | | | |
| **Anatomy & Physiology I and II -** ***two semesters*** | | | |
| **(or Human Anatomy and Human Physiology –** ***one semester each*****)** | | | |
| **Social Sciences -** ***five semesters from among the following:*** | | | |
| ▪ **Psychology** | | | |
| ▪ **Abnormal Psychology** | | | |
| ▪ **Sociology** | | | |
| ▪ **Anthropology** | | | |
| ▪ **Human Growth & Development** (A variety of psychology and sociology courses can also be substituted.) | | | |
| **Recommended prerequisites:** • **Chemistry – one semester** | | | |
| • **Medical Terminology** | | | |

***Please note:***

- ***One semester = 3 credit hours on the semester system; 5 credit hours on the quarter system; 1 "unit" on the unit system***
- ***The lab components of the science courses are recommended but not required***
- ***Additional recommended electives include: statistics, speech, additional physics, and biology.***

## ❑ References

You must provide **four (4) references** from the following sources: **two (2)** occupational therapists**; one** current or former faculty member/faculty advisor; **one** other individual of your choice. Each of the Reference Checklist forms (included in the application form) should be submitted in a sealed envelope. Reference forms can accompany your application or the person providing the reference can send it directly to the University.

## ❑ Statement of Purpose

Include a short statement (one typewritten page) of why you wish to pursue occupational therapy as a career and why you chose the University of St. Augustine for Health Sciences for that pursuit.

## ❑ Autobiography

Submit an autobiographical essay (two or three typewritten pages) which includes information about your past educational, professional, and personal pursuits beyond that found in other documentation such as transcripts.

## ❑ Current Resume

## ❑ Volunteer/Observation Experience

List any exposure you have had to **occupational therapy** and any other health professions. You should provide evidence of a **minimum of eighty (80) hours** of experience/observation in the field of occupational therapy. Documentation of hours should be attached to this form.

_____

_____

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_____

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_____

## Extra-Curricular Activities *(include leadership positions)*

**College**:_____

_____

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**Community**:_____

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## Special Interests/Hobbies

_____

_____

_____

_____

UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

**Student Services Office: 1 University Boulevard, St. Augustine, FL 32086-5799**

# Reference Checklist for Admission to Entry-Level Programs: Occupational Therapy, Physical Therapy, or Dual Degree (MOT/DPT)

*[Each applicant must provide four (4) references. Please refer to the Required Supporting Documentation form for the types of references required.]*

**Instructions:** The applicant is to complete Section A and distribute it to the reference providers. The reference provider should place the completed form in an envelope, seal it, sign across the seal and return to the applicant or mail directly to the University of St. Augustine.

## Section A

Name of Applicant: _____ Date:_____

Date of Birth: _____ Last four digits of SSN: xxx-xx-_____

**Section B:** This individual has applied for admission to the University of St. Augustine for Health Sciences. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential as a future therapist.

NOTICE ON CONFIDENTIALITY: Applicants for admission do not have access to their application records. Under the provisions of the Family Educational Rights and Privacy Act of 1974, only registered (admitted) students and alumni have access to their educational records. This reference will be used solely for determining whether the applicant is admitted to the University. This reference will be removed from the accepted student's file and destroyed when the student has matriculated.

Please place an "X" in the rating column appropriate to your assessment of the applicant.

| | Excellent/ Exceptional | Above Average | Average | Below Average | No Opportunity to Observe |
|---|---|---|---|---|---|
| 1. **Attitude and Personality:** Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism | | | | | |
| 2. **Reliability and Character:** Dependability, willingness, honesty, moral character | | | | | |
| 3. **Personal:** Reflects a personal example of a healthy and productive lifestyle | | | | | |
| 4. **Work Habits and Industry:** Conscientiousness, follow through, resourcefulness, self-discipline, initiative | | | | | |
| 5. **Emotional Stability:** Reaction to stress, poise, control, inspiring confidence | | | | | |
| 6. **Capacity for Independent Thinking:** Leadership ability, creative thought, curiosity, active learning | | | | | |
| 7. **Judgment and Common Sense:** Ability and foresight in everyday decisions, expression of opinion, maturity | | | | | |
| 8. **Communication Skills:** Verbal, non-verbal, and written | | | | | |

**Please answer the following:**

1. I have known this applicant for _____ years or _____ months as (check one):

   _____ student _____ employee _____ friend _____ volunteer _____ other

2. Has the applicant reviewed his/her academic record with you prior to your making this recommendation?

   _____ yes _____ no

3. Please use this space to give us your overall impression of the applicant: _____

_____

_____

_____

_____

4. What are the applicant's overall strengths:_____

_____

_____

_____

5. In what area(s), if any, does the applicant need to improve:_____

_____

_____

_____

6. My overall impression and support for this applicant's application (please circle ONE):

   VERY HIGH HIGH ACCEPTABLE QUESTIONABLE UNACCEPTABLE

| | |
|---|---|
| _____ | _____ |
| Name (Printed) | Signature and Title |
| _____ | _____ |
| Address | Professional License Number, if applicable |
| _____ | _____ |
| City/State/Zip | Company/Employer |
| _____ | _____ |
| Phone number | Work Phone number |

☐ **Please check if you are a University of St. Augustine alumnus**
**Degree_____ Year_____**

**PLEASE PLACE THE COMPLETED FORM IN AN ENVELOPE, SEAL IT, AND SIGN ACROSS THE SEAL.** You can return it to the applicant to submit along with his/her application, or you can mail it directly to:

Student Services Office
1 University Blvd
St. Augustine, FL 32086

UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

**Student Services Office: 1 University Boulevard, St. Augustine, FL 32086-5799**

# Reference Checklist for Admission to Entry-Level Programs: Occupational Therapy, Physical Therapy, or Dual Degree (MOT/DPT)

*[Each applicant must provide four (4) references. Please refer to the Required Supporting Documentation form for the types of references required.]*

**Instructions:** The applicant is to complete Section A and distribute it to the reference providers. The reference provider should place the completed form in an envelope, seal it, sign across the seal and return to the applicant or mail directly to the University of St. Augustine.

## Section A

Name of Applicant: _____ Date:_____

Date of Birth: _____ Last four digits of SSN: xxx-xx-_____

**Section B:** This individual has applied for admission to the University of St. Augustine for Health Sciences. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential as a future therapist.

NOTICE ON CONFIDENTIALITY: Applicants for admission do not have access to their application records. Under the provisions of the Family Educational Rights and Privacy Act of 1974, only registered (admitted) students and alumni have access to their educational records. This reference will be used solely for determining whether the applicant is admitted to the University. This reference will be removed from the accepted student's file and destroyed when the student has matriculated.

Please place an "X" in the rating column appropriate to your assessment of the applicant.

| | Excellent/ Exceptional | Above Average | Average | Below Average | No Opportunity to Observe |
|---|---|---|---|---|---|
| 1. **Attitude and Personality:** Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism | | | | | |
| 2. **Reliability and Character:** Dependability, willingness, honesty, moral character | | | | | |
| 3. **Personal:** Reflects a personal example of a healthy and productive lifestyle | | | | | |
| 4. **Work Habits and Industry:** Conscientiousness, follow through, resourcefulness, self-discipline, initiative | | | | | |
| 5. **Emotional Stability:** Reaction to stress, poise, control, inspiring confidence | | | | | |
| 6. **Capacity for Independent Thinking:** Leadership ability, creative thought, curiosity, active learning | | | | | |
| 7. **Judgment and Common Sense:** Ability and foresight in everyday decisions, expression of opinion, maturity | | | | | |
| 8. **Communication Skills:** Verbal, non-verbal, and written | | | | | |

**Please answer the following:**

1. I have known this applicant for _____ years or _____ months as (check one):

   _____ student _____ employee _____ friend _____ volunteer _____ other

2. Has the applicant reviewed his/her academic record with you prior to your making this recommendation?

   _____ yes _____ no

3. Please use this space to give us your overall impression of the applicant: _____

_____

_____

_____

_____

4. What are the applicant's overall strengths:_____

_____

_____

_____

5. In what area(s), if any, does the applicant need to improve:_____

_____

_____

_____

6. My overall impression and support for this applicant's application (please circle ONE):

   VERY HIGH HIGH ACCEPTABLE QUESTIONABLE UNACCEPTABLE

| | |
|---|---|
| _____ | _____ |
| Name (Printed) | Signature and Title |
| _____ | _____ |
| Address | Professional License Number, if applicable |
| _____ | _____ |
| City/State/Zip | Company/Employer |
| _____ | _____ |
| Phone number | Work Phone number |

☐ **Please check if you are a University of St. Augustine alumnus**
**Degree_____ Year_____**

**PLEASE PLACE THE COMPLETED FORM IN AN ENVELOPE, SEAL IT, AND SIGN ACROSS THE SEAL.** You can return it to the applicant to submit along with his/her application, or you can mail it directly to:

Student Services Office
1 University Blvd
St. Augustine, FL 32086

UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

**Student Services Office: 1 University Boulevard, St. Augustine, FL 32086-5799**

# Reference Checklist for Admission to Entry-Level Programs: Occupational Therapy, Physical Therapy, or Dual Degree (MOT/DPT)

*[Each applicant must provide four (4) references. Please refer to the Required Supporting Documentation form for the types of references required.]*

**Instructions:** The applicant is to complete Section A and distribute it to the reference providers. The reference provider should place the completed form in an envelope, seal it, sign across the seal and return to the applicant or mail directly to the University of St. Augustine.

## Section A

Name of Applicant: _____ Date:_____

Date of Birth: _____ Last four digits of SSN: xxx-xx-_____

**Section B:** This individual has applied for admission to the University of St. Augustine for Health Sciences. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential as a future therapist.

NOTICE ON CONFIDENTIALITY: Applicants for admission do not have access to their application records. Under the provisions of the Family Educational Rights and Privacy Act of 1974, only registered (admitted) students and alumni have access to their educational records. This reference will be used solely for determining whether the applicant is admitted to the University. This reference will be removed from the accepted student's file and destroyed when the student has matriculated.

Please place an "X" in the rating column appropriate to your assessment of the applicant.

| | Excellent/ Exceptional | Above Average | Average | Below Average | No Opportunity to Observe |
|---|---|---|---|---|---|
| 1. **Attitude and Personality:** Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism | | | | | |
| 2. **Reliability and Character:** Dependability, willingness, honesty, moral character | | | | | |
| 3. **Personal:** Reflects a personal example of a healthy and productive lifestyle | | | | | |
| 4. **Work Habits and Industry:** Conscientiousness, follow through, resourcefulness, self-discipline, initiative | | | | | |
| 5. **Emotional Stability:** Reaction to stress, poise, control, inspiring confidence | | | | | |
| 6. **Capacity for Independent Thinking:** Leadership ability, creative thought, curiosity, active learning | | | | | |
| 7. **Judgment and Common Sense:** Ability and foresight in everyday decisions, expression of opinion, maturity | | | | | |
| 8. **Communication Skills:** Verbal, non-verbal, and written | | | | | |

**Please answer the following:**

1. I have known this applicant for _____ years or _____ months as (check one):

   _____ student _____ employee _____ friend _____ volunteer _____ other

2. Has the applicant reviewed his/her academic record with you prior to your making this recommendation?

   _____ yes _____ no

3. Please use this space to give us your overall impression of the applicant: _____

_____

_____

_____

_____

4. What are the applicant's overall strengths:_____

_____

_____

_____

5. In what area(s), if any, does the applicant need to improve:_____

_____

_____

_____

6. My overall impression and support for this applicant's application (please circle ONE):

   VERY HIGH HIGH ACCEPTABLE QUESTIONABLE UNACCEPTABLE

| | |
|---|---|
| _____ | _____ |
| Name (Printed) | Signature and Title |
| _____ | _____ |
| Address | Professional License Number, if applicable |
| _____ | _____ |
| City/State/Zip | Company/Employer |
| _____ | _____ |
| Phone number | Work Phone number |

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*[Each applicant must provide four (4) references. Please refer to the Required Supporting Documentation form for the types of references required.]*

**Instructions:** The applicant is to complete Section A and distribute it to the reference providers. The reference provider should place the completed form in an envelope, seal it, sign across the seal and return to the applicant or mail directly to the University of St. Augustine.

## Section A

Name of Applicant: _____ Date:_____

Date of Birth: _____ Last four digits of SSN: xxx-xx-_____

**Section B:** This individual has applied for admission to the University of St. Augustine for Health Sciences. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential as a future therapist.

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| | Excellent/ Exceptional | Above Average | Average | Below Average | No Opportunity to Observe |
|---|---|---|---|---|---|
| 1. **Attitude and Personality:** Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism | | | | | |
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| 8. **Communication Skills:** Verbal, non-verbal, and written | | | | | |

**Please answer the following:**

1. I have known this applicant for _____ years or _____ months as (check one):

   _____ student _____ employee _____ friend _____ volunteer _____ other

2. Has the applicant reviewed his/her academic record with you prior to your making this recommendation?

   _____ yes _____ no

3. Please use this space to give us your overall impression of the applicant: _____

_____

_____

_____

_____

4. What are the applicant's overall strengths:_____

_____

_____

_____

5. In what area(s), if any, does the applicant need to improve:_____

_____

_____

_____

6. My overall impression and support for this applicant's application (please circle ONE):

   VERY HIGH HIGH ACCEPTABLE QUESTIONABLE UNACCEPTABLE

| | |
|---|---|
| _____ | _____ |
| Name (Printed) | Signature and Title |
| _____ | _____ |
| Address | Professional License Number, if applicable |
| _____ | _____ |
| City/State/Zip | Company/Employer |
| _____ | _____ |
| Phone number | Work Phone number |

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FOR HEALTH SCIENCES

# Essential Functions

Set forth below are the Essential Functions that you must be able to meet in order to successfully complete the Occupational Therapy, Physical Therapy, and/or the Master of Orthopaedic Physician Assistant programs at the University of St. Augustine for Health Sciences.

We wish to facilitate your success. If you know of any reason that you cannot now, or after standard instruction, meet all of the functions set forth below, you are to inform the Student Services office so you can be counseled regarding the process for requesting reasonable accommodations. The University of St. Augustine for Health Sciences wishes to make reasonable accommodations in areas in which it is able to do so.

There are certain physical requirements that this program cannot accommodate such as failure to meet the motor, tactile, visual, and hearing criteria as set forth below. In addition, there are standards of performance that cannot be accommodated such as in the areas of safety or judgment. The cognitive component of some of the Essential Functions, such as the ability to perform cardiopulmonary resuscitation (CPR) or transfer patients, is taught as part of the curriculum.

Please contact the Student Services Office with any questions about the Essential Functions and/or reasonable accommodations.

**Critical Thinking Ability (Weigh pros and cons and logically make decisions)**

1. Use sound judgment and apply safety precautions as appropriate.
2. Analyze and synthesize data from a variety of sources in a timely manner.
3. Ability to put research findings into practice.
4. Exhibit a positive, interactive response to feedback.

**Interpersonal Skills**

1. Interact appropriately with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
2. Establish rapport with clients, patients and colleagues.
3. Use responsive, empathetic listening skills.
4. Direct/supervise support personnel.
5. Actively participate and contribute to group projects.

**Mobility Skills**

1. Ability to move physically from room to room and maneuver in small places around patient/equipment.
2. Ability to administer CPR.
3. Ability to walk up and down stairs/ramps.
4. Travel to clinical education sites locally and nationally as assigned.

**Communication Skills**

1. Communicate effectively with patients/clients, family members, faculty, other health care professionals, and community and professional groups in verbal and written form.
2. Elicit information from patients/clients in a timely manner.
3. Complete written work at a professional level in a timely manner.
4. Document patient/client assessment/evaluation, intervention plan and progress notation succinctly and in a time frame similar to clinical constraints.
5. Achieve basic competency in word processing, e-mail, and use of the Internet.

**Motor Skills**

1. Ability to perform an assessment/evaluation and intervention through the execution of motor movements as defined below.
    a. Ability to stand for thirty (30) minutes.
    b. Ability to lift forty (40) pounds.
    c. Ability to kneel, crawl, roll, and bend backward and forward.
    d. Be able to assume prone, supine and side-lying positions.
    e. Exhibit independent control of upper and lower extremity joints.
    f. Independently climb on and off of a three-foot table.
    g. Balance on one leg.
    h. Grasp and release items of various sizes in both hands.
    i. Have grip strength of twenty (20) pounds.
    j. Open and close doors one-handed.
2. Demonstrate sufficient strength and balance to transfer, move, assist patients/clients in walking, and their daily occupations without injury to patient/client or self.
3. Demonstrate coordination of gross and fine motor upper extremity movement patterns to perform therapeutic activities, daily life occupations and use of a mouse and keyboard for computer input.
4. Ability to perform a technique with proper positioning, hand placement, direction of force, amount of force, etc., based upon visualization of a picture, video or live demonstration.
5. Ability to position oneself in front of a screen for typing, viewing, reading, and using the computer for up to 50 minute intervals.

**Visual Ability**

1. Ability to observe and interpret patient/client movement or occupational performance.
2. Ability to observe a patient/client at a distance greater than twenty (20) feet and close-up noting verbal and nonverbal signals.
3. Ability to visually monitor and assess physical, emotional, and psychological responses, equipment settings, dials and instructions.
4. Ability to determine and comprehend dimensional and spatial relationships of structures, e.g. differentiating right and left, up and down, etc.
5. Ability to view video, graphics, and written word on the computer screen or a DVD monitor.

**Tactile Ability**

1. Ability to perform a physical assessment through on-hands application that may include palpation of anatomical structures, noting surface characteristics, assessment of tone, temperature, depth, etc.

**Hearing**

1. Auditory ability sufficient to monitor and interact with patients, other professionals and families.
2. Ability to hear and react appropriately to alarms, emergency signals, timers, and cries for help.
3. Auditory ability sufficient to hear verbal instructions, audio, video, DVD or computer media in the classroom, lab or clinic.

**Coping Skills**

1. Ability to perform in stressful environments or during impending deadlines.
2. Complete timed written, oral, and laboratory practical examinations.
3. Follow the “Student Code of Conduct” and other policies as stated in the *Student Handbook* that include but are not limited to:
    a. Maintain academic honesty at all times.
    b. Exhibit dependability by arriving in class on time, attending all assigned classes, and following through with commitments and responsibilities.
    c. Display professionalism through appropriate presentation of oneself, follow the University dress code, and display a positive attitude.
    d. Obey University, local, state and federal laws, policies and procedures, and rules and regulations.

UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

# Estimated Annual Costs
# 2012-2013 Academic Year

[September 2012, January 2013 and May 2013]

**Doctor of Physical Therapy**
**Master of Occupational Therapy**
**Dual Degree Option (MOT and DPT)**
**Flexible Doctor of Physical Therapy**
**Flexible Master of Occupational Therapy**
**Master of Othopaedic Physician Assistant**

- **St. Augustine campus**: Tuition is $11,150 per trimester ($615 per credit hour). Campus access fee* is $160 per term.
- **San Diego campus**: Tuition is $13,285 per trimester ($730 per credit hour). Campus access fee* is $160 per term.
- **St. Augustine Flexible DPT program**: Tuition is $6,511 per trimester ($615 per credit hour). Campus access fee* is $85 per term.
- **San Diego Flexible DPT program**: Tuition is $7,822 per trimester ($730 per credit hour). Campus access fee* is $85 per term.
- **Austin campus DPT program**: Tuition is $11,750 per trimester ($645 per credit hour). Campus access fee* is $160 per term
- **St. Augustine Flexible MOT program**: Tuition is $6,700 per trimester ($615 per credit hour). Campus access fee* is $85 per term.
- **St. Augustine Orthopaedic Physician Assistant program**: Tuition is $6,300 per trimester. Campus access fee* is $85 per term.
- Tuition generally increases annually, in September, as is the practice of most educational institutions.
- Additional costs including textbooks, professional association dues, lab coats, etc. are expected to be approximately $5,000-$7,000 for the total program.
- Title IV funding is available for approved University programs and at this time the University only participates in the Stafford Federal Student Aid loan program
- Students can also obtain loans through private or alternative lenders, which do not require completion of the FAFSA form.
- Students must provide their own health insurance.

* Campus access fee includes but is not limited to campus access, wellness and portal fees

Rev 06/2012