



**COLLEGE OF HEALTH  
AND HUMAN SERVICES**

THE UNIVERSITY OF TOLEDO

## **EARLY DECISION OPPORTUNITY DOCTOR OF PHYSICAL THERAPY PROGRAM**

- Are you a current student pursuing an undergraduate major at the University of Toledo?
- Are you interested in the Doctor of Physical Therapy (DPT) graduate program at UT?
- Would you like to find out early acceptance into the DPT class before the start of your senior year?

**If you answered YES to these questions, then this opportunity is just for you!**

The Physical Therapy Program at The University of Toledo developed an “Early Decision” policy to recruit the best candidates from our own University.

Up to five (5) qualified students will be offered admission into the DPT program on the condition they complete all DPT pre-requisite courses, earn a B(-) or better in all subsequent courses, and earn their baccalaureate degree.

### **Qualifications**

Any student who is pursuing a major at the University of Toledo and who meets the following criteria can apply for Early Decision:

- Undergraduate junior status.
- Completion of both pre-requisite courses in biology and chemistry, completion of one physics course and one psychology course, and completion of one of the following courses: anatomy with lab or physiology with lab.
- **Prerequisite courses listed above must have been taken at the University of Toledo or as a high school Post Secondary Option with a grade of B(-) or better or at the high school level as an Advanced Placement course.**
- 3.70 or greater cumulative GPA with no prerequisite courses repeated.
- One letter of recommendation from a University of Toledo faculty member.
- One letter of recommendation from a physical therapist who is not a relative to the applicant.
- Completion of one essay question (provided by the program).

Early Decision packets are available for qualified students in March of their junior year with an application deadline of May 31. Email [physical.therapy@utoledo.edu](mailto:physical.therapy@utoledo.edu) AFTER March 1 to receive a packet.

**The University of Toledo  
College of Health & Human Services  
Doctor of Physical Therapy Program  
Early Decision Application Form**

**PLEASE PRINT**

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Rocket #: \_\_\_\_\_

E-mail: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender M F

Local/Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

**Please respond to the following question using no less than 12-point font. Please double-space your response and limit it to no more than two (2) pages:**

**"What is professionalism in the context of being a student in a doctor of physical therapy degree program?"**

**Return this form and your response to the essay question to:  
Becky Gwozdz, Health and Human Service Building, 2<sup>nd</sup> floor, office 2001A.**

**Or it may be mailed to:  
The University of Toledo  
Physical Therapy Program, Attn: Becky Gwozdz  
2801 W. Bancroft  
MS 119  
Toledo, Ohio 43606**

**These must be received by the department by 5 PM MAY 31, 2019.**

**Please be sure to notify the people who are completing a recommendation form that they must mail the form to the program by 5 PM May 31, 2019.**

**University of Toledo Doctor of Physical Therapy Program  
Recommendation Form for Early Decision Application**

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

Reference's Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name of Institution or Organization: \_\_\_\_\_

Department or Division: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip/Postal Code: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known the applicant? Months: \_\_\_\_\_ Years: \_\_\_\_\_

How well do you know the applicant?  Very Well  Moderately  Minimally  Not at All

With what organization or institution were you affiliated when you interacted with the applicant?

\_\_\_\_\_

Select the role that best describes your primary interaction with the applicant:

- Physical Therapist
- Professor- Science Courses
- Professor- Non-Science Courses

**IF YOU ARE A PHYSICAL THERAPIST, ANSWER THE FOLLOWING QUESTIONS:**

Physical therapist institution from which you graduated: \_\_\_\_\_

Enter the state(s) in which you are licensed to practice physical therapy: \_\_\_\_\_

Enter your PT licensure number: \_\_\_\_\_

**IF YOU ARE A PROFESSOR, ANSWER THE FOLLOWING QUESTION:**

List all courses in which you had the applicant as a student (e.g., Intro to Chemistry, CHEM 101). If you cannot remember courses names or numbers, list the content area and the course level (undergraduate upper or lower division; or graduate level).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Please return by 5 PM May 31, 2019 to:**

The University of Toledo  
Physical Therapy Program  
Main Campus  
MS 119, Attn: Becky Gwozdz  
2801 W. Bancroft  
Toledo, OH 43606

**To the Applicant:**

Please complete the section below and give this waiver page and the attached recommendation form to the person who will be completing this form for you.

Applicant's Name \_\_\_\_\_

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access these recommendations or to decline to do so. The University does not require that you make such a waiver as a condition for admission.

\_\_\_\_ I do **not** waive my right of access to this recommendation.

\_\_\_\_ I waive my right of access to this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please note** as indicated above, whether or not the applicant has waived her/his right to access your recommendation. The University of Toledo would appreciate your writing us as fully as you can concerning the applicant. We would particularly appreciate your candid opinion of the applicant's abilities to undertake graduate study, and of her/his commitment to a career in a health-related profession. Please complete the attached recommendation form and **return it and this waiver page to the above address.**

How would you rate the applicant for each of the following characteristics? Please select the rating that

|   | Excellent<br>(5) | Good<br>(4) | Average<br>(3) | Below<br>Average<br>(2) | Poor<br>(1) | N/O<br>(0) |
|---|------------------|-------------|----------------|-------------------------|-------------|------------|
| <b>Commitment to Learning</b> —the ability to self-assess, self-correct and self direct; identify needs and sources of learning; continually seek new knowledge and understanding.  |                  |             |                |                         |             |            |
| <b>Interpersonal Skills</b> —the ability to interact effectively with patients, families, colleagues, other healthcare professionals and the community; deal effectively with cultural or ethnic diversity issues.                  |                  |             |                |                         |             |            |
| <b>Communication Skills</b> —the ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.   |                  |             |                |                         |             |            |
| <b>Effective Use of Time</b> —the ability to obtain the maximum benefit from a minimum investment of time and resources.  |                  |             |                |                         |             |            |
| <b>Use of Constructive Feedback</b> —the ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interaction.  |                  |             |                |                         |             |            |
| <b>Ethical and Professional Behavior</b> —the ability to exhibit appropriate ethical and professional conduct and to represent the profession effectively.  |                  |             |                |                         |             |            |
| <b>Responsibility</b> —the ability to fulfill commitments, be accountable for actions and outcomes, and to persevere to achieve goals.  |                  |             |                |                         |             |            |
| <b>Critical Thinking</b> —the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions; distinguish the relevant from the irrelevant. |                  |             |                |                         |             |            |
| <b>Stress Management</b> —the ability to identify sources of stress, develop effective coping behaviors, and adapt well to change.  |                  |             |                |                         |             |            |
| <b>Problem Solving</b> —the ability to recognize and define problems, use imagination and creativity to solve problems, analyze data, develop and implement solutions, and evaluate outcomes.                                       |                  |             |                |                         |             |            |
| <b>Leadership</b> —the ability to take initiative and motivate or guide others; generates ideas and plans or shares a vision for the future.  |                  |             |                |                         |             |            |

best describes the applicant in the category. Select “N/O” for not observed, if you have not had an opportunity to evaluate the characteristic or have no basis for the assessment.

**Taking into consideration these characteristics, how do you think this person would perform as a health care provider?**

- I highly recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider, but with some reservations.
- I am not able to recommend this applicant as a health care provider.

**Comments** – On your institutional or business letterhead, or in the space below please comment on any of the ratings or provide any additional information that will help the admissions office in the application review process.

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**Recommender's Name (typed or printed)**

**Signature**

**Return this form, the waiver page and additional letter if applicable by 5:00 p.m. MAY 31, 2019 to:**

**The University of Toledo, Physical Therapy Program  
Mail Stop #119, Main Campus  
2801 W. Bancroft.  
Toledo, Ohio 43606  
Attention: Becky Gwozdz**