



COLLEGE OF HEALTH
AND HUMAN SERVICES

THE UNIVERSITY OF TOLEDO

DOCTOR OF PHYSICAL THERAPY PROGRAM EARLY DECISION OPPORTUNITY

- Are you a current student pursuing an undergraduate major at the University of Toledo?
- Are you interested in the UToledo Doctor of Physical Therapy (DPT) Program for May 2026?
- Would you like to know of 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.

Qualified students will be offered admissions 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.
- Two recommendation letters; one letter from a University of Toledo faculty member and the second letter either from another UToledo faculty member or a physical therapist who is not a relative to the applicant.
- Completion of one essay question (provided by the program).

The following pages contain the application and waiver for your completion, along with the recommendation forms for you to give to those providing your recommendation.

Read all instructions to avoid delay or exclusion of your application from consideration.

All forms must be submitted by **5 PM ET on May 30, 2025**.

For questions, please contact Jill.Yarberry@utoledo.edu

Please be sure to notify the individuals who are completing a recommendation form that the recommendation must be received by the department by May 30 2025, 5PM ET.



**COLLEGE OF HEALTH
AND HUMAN SERVICES**

THE UNIVERSITY OF TOLEDO

**Doctor of Physical Therapy Program
Early Decision Application Form**

MUST be received by the department by 5 PM MAY 30, 2025

Application Date:

Rocket #:

Name:

E-mail:

DOB:

Sex:

Male

Female

Non-Binary

Other

Local/Mailing Address:

City, State and Zip Code:

Permanent Address:

Phone Number:

Race/Ethnicity:

ESSAY QUESTION RESPONSE, to be included with submission: 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 4,500 character limit. Plagiarizing any part of the essay is a violation of the code of conduct. Please use your own words. Once you submit your application, the essay cannot be edited or changed.

"Every applicant is unique in their own way, possessing individual qualities, abilities, and backgrounds. What unique traits will you bring to the physical therapy profession that will help you to be successful?"

Return this form and your response to the essay question by 5PM on MAY 30, 2025 to:

Physical Therapy Program
Health & Human Services Bldg.,
2nd Floor Office, HH2001

OR it may be mailed to:

The University of Toledo
Physical Therapy Program
Attn: Jill Yarberry/HH2001 College
of Health & Human Services 2801
W. Bancroft /MS 119
Toledo, OH 43606

OR Send via E-Mail to
Jill.Yarberry@utoledo.edu



Please Return by 5 PM May 30, 2025 to:

The University of Toledo
Physical Therapy Program
Attn: Jill Yarberry/HH2001 College of
Health & Human Services 2801 W.
Bancroft /MS 119
Toledo, OH 43606

OR

E-mail to Jill Yarberry@utoledo.edu

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:

Please note as indicated above, whether 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.**

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

Recommendations must be received by the department by 5 PM on MAY 30, 2025

Applicant Name:

Reference's Name:

Position Title:

Name of Institution or Organization:

Department or Division:

Street Address 1:

Street Address 2:

City:

ST:

Zip 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, PLEASE 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).

Applicant Name:

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

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

Applicant Name:

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.

Recommender's Name (typed or printed)

Signature

Please return this form, the waiver page and additional letter if applicable by MAY 30, 2025 5pm ET

to:

The University of Toledo
Physical Therapy Program
Attn: Jill Yarberry HH2001 College of
Health & Human Services 2801 W.
Bancroft /MS 119
Toledo, OH 43606

Documents may also be returned
via e-mail to
Jill.Yarberry@utoledo.edu