Thank you for your interest in the physical therapy educational program at California State University, Long Beach. The program is a full-time, performance based curriculum designed to prepare the graduate to function as a physical therapist member of a rehabilitation team and as a professional health care provider. The curriculum contains content in foundational sciences, behavioral sciences and clinical sciences that is critical for practice as a physical therapist. This content is based upon prerequisite coursework in the humanities, social sciences, and natural sciences. Completion of the academic program and clinical internships qualify the graduate to write the licensing examination provided by the Physical Therapy Board of California.

Department of Physical Therapy
California State University
Long Beach
1250 Bellflower Boulevard
Long Beach, CA 90840
(562) 985-4072
Application Check List

Use this checklist to insure your application is complete. Your application **must** be complete to be eligible for consideration.

Your application should include (Please check below):

1. Completed and signed Supplemental Application for Admission form.
2. Completed Student Self-Summary form.
3. Completed Prerequisite form.
   You must have completed, or have in progress, the following prerequisites.
   - Anatomy (human) with lab (4 units)
   - Biological Sciences-two semesters each with lab (total of 10 units)
   - Statistics (Biostatistics preferred) (3 units)
   - Chemistry (general)-two semesters each with lab (total of 10 units)
   - Physics (general) two semesters each with lab (total of 8 units)
   - Psychology (general) (3 units)
4. Completed Classes In-Progress form for the application semester if you are enrolled in classes. (You should keep the bottom half of the form and submit it signed with mid-semester grades.)
5. Official transcripts of all college classes completed and degree earned. All transcripts must be sealed and official.
6. Official scores from the Graduate Record Exam.
7. A brief autobiographical sketch which includes an analysis of yourself in relation to the field of physical therapy, i.e. tell why you are interested and why you will be an asset to the field.
8. Three letters of recommendation concerning your abilities. Forms for recommendation are provided for your duplication and should be completed by persons having direct knowledge concerning your attitudes and aptitudes. Your letters should be from: 1) a licensed physical therapist, 2) an instructor from a course you have taken, and 3) an employer. Each letter must be in a sealed envelope, unopened by you if you indicate on the form that you waive your rights.
9. Verification of related physical therapy work experience (paid and/or voluntary).
11. A health statement from a physician that states that you are able to perform the essential functions expected of a physical therapist.

Send all of the above materials in one large manilla envelope. All materials should be received at the same time.

**Do not send any material to the office separately except mid semester grades in progress.**

The application filing period to the Department of Physical Therapy for fall enrollment begins the previous **October 1** and ends **January 15 of the year of admission**. All candidates **must simultaneously apply** to the University and comply with University requirements. The application to the University is a separate process and must be submitted at the same time as the application to the Department of Physical Therapy.

The standard California State University (CSU) Postbaccalaureate and Graduate Admission Form is available through [www.csumentor.edu](http://www.csumentor.edu), or from the University's Enrollment Services (562-985-5471).
Supplemental Application for Admission

Application For Fall, 200__ Date ______________________
Social Security Number___________________________ Phone ( ) __________
Name________________________________________________________________
(Last) (First) (Middle)
Permanent Address_____________________________________________________
(Number & Street) (City) (State) (Zip)
Present Address________________________________________________________
(Number & Street) (City) (State) (Zip)
E-mail Address_________________________________________________________
Date of Birth________________________________________ Place of Birth________
Are you a citizen of the United States? Yes_____ No____ If not, do you have Resident
Alien (Immigrant) Status? Yes_____ No____ California Resident? Yes_____ No_____
Post Secondary Schools Attended: Dates Degree
College_______________________________________________________________
University--------------------------------------------------------------------------------------
Other Study______________________________________________________________
On a separate sheet of paper, write an autobiographical sketch including an analysis of yourself
in relation to the field of physical therapy. For example, tell why you are interested, and why
you will be an asset and excel in the field. Limit sketch to two pages.

Person to contact in an emergency:
Name_________________________________________ Relationship_______________
Address_______________________________________ Telephone__________________
Applicant’s Signature_________________________ Date_________________________
## Academic Self-Summary

**Name_________________________ Date__________________**

### Colleges Attended:
In the table below, list information starting with the most recent college. If the college was on quarter system, multiply all values by 0.666.

<table>
<thead>
<tr>
<th>College Attended (Abbreviate)</th>
<th>Semester Units</th>
<th>Grade Points</th>
<th>GPA</th>
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<tbody>
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**GPAs:** Compute and list overall college GPA, GPA from last 60 units and GPA for all prerequisites completed.

- Overall GPA: __________
- Last 60 Unit GPA: __________
- Prerequisite GPA: __________ Units taken________

**GRE Scores:** Enter GRE scores in the table below. If GRE was taken more than once, enter all scores.

<table>
<thead>
<tr>
<th>GRE: Date</th>
<th>Verbal</th>
<th>Quantitative</th>
<th>Analytical</th>
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</table>

**Degree:**

Date__________ University_____________________________ Major______________________
Prerequisite Table

Each course must be a semester in length or equivalent quarter units. A quarter unit is equal to 2/3 of a semester unit. Grades of C or better are required.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Sem/Year</th>
<th>Course #</th>
<th>College Abbrev</th>
<th>Repeat Grade</th>
<th>Sem/Year</th>
<th>Course #</th>
<th>College Abbrev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Anatomy</td>
<td></td>
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<td>Biological Science</td>
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<td>Biological Science</td>
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<td>(2nd semester/Quarter)</td>
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<td>Statistics</td>
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<td>General Chemistry</td>
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<td>General Physics</td>
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<td>(2nd semester/quarter)</td>
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<tr>
<td>General Psychology</td>
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<td>BIOL 341*</td>
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<td>BIOL 441*</td>
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*courses must be completed at CSULB as they are specifically designed for Physical Therapy majors. A minimum 3.0 GPA is required for all *courses.

Students may apply and be conditionally accepted into the Physical Therapy program prior to completion of the *prerequisites.
Complete for all courses in progress during the semester of application.

**Classes In-Progress**  
Semester:_____ Year:_____  
*(turn in top portion with application)*

<table>
<thead>
<tr>
<th>Name:</th>
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<table>
<thead>
<tr>
<th>Department</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Units</th>
<th>Hours/Days</th>
<th>College</th>
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*(DETACH HERE)*

**Mid-Semester Grades**  
Semester:______Year:____  
*(Turn in bottom portion mid semester)*

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<tr>
<th>Department</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Units</th>
<th>Grade</th>
<th>Instructor’s Signature</th>
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Letter of Recommendation

To be completed by applicant:

Applicant’s Name:

__________________________________________________________________

Last    First    Middle

Letter is confidential. I waive my rights of access under the Family Education Rights and Privacy Act of 1974, or other laws, regulations or policies.

Letter is NOT confidential. I do not waive my right of access.

_________________________________

(Applicant’s Signature)

To be completed by the evaluator:

Letters of evaluation play an important role in our selection process, and we greatly appreciate your thoughtful and frank appraisal of the applicant. If you do not know the applicant well enough to complete the following form, please return it to the applicant.

The enclosed form has been designed to obtain the specific information we desire. Submit an additional letter ONLY if you need to present information not covered on the form.

After completing this form, please place it in the envelope provided, seal the envelope and sign it across the seal. Then return it to the applicant who will forward it to the Graduate Program with the remaining application materials. This procedure allows the applicant to know that he/she has all necessary documents to submit a complete application packet by our deadline. Thank you for your assistance.

I. Compared to other individuals with a college education, rate to what extent the applicant appears to possess the attributes listed below. Please use the following rating scale:

1=lower 50% (below average), 2=in the 50% (average), 3=upper 30% (above average)
4=upper 20% (outstanding individual), 5=upper 10% (exceptional individual)

(Circle Appropriate Rating)

A. Ability to communicate effectively (oral, include poise)  1 2 3 4 5
B. Ability to communicate effectively (written, include clarity, concise) 1 2 3 4 5
C. Ability to work with others (interpersonal skills, cooperation) 1 2 3 4 5
D. Evidence of psychological maturity and stability  1 2 3 4 5
E. Ability to accept criticism and grow with life experience 1 2 3 4 5
F. Interest in and knowledge of physical therapy 1 2 3 4 5
G. Potential for success in the field of physical therapy 1 2 3 4 5
H. Potential as a leader 1 2 3 4 5
A. Reliability to complete assignments accurately and on time 1 2 3 4 5
I. Cultural and community interest, involvement and development (particularly in relation to applicant's background) 1 2 3 4 5
J. Breadth of general knowledge, intellectual ability, logical thinking 1 2 3 4 5
K. Interest in independent inquiry, ingenuity, originality, imagination 1 2 3 4 5
L. Personal qualities (sincerity, enthusiasm, patience) 1 2 3 4 5
M. Displays initiative (seeks knowledge, self directed) 1 2 3 4 5
N. Displays flexibility 1 2 3 4 5
O. Displays problem solving 1 2 3 4 5
II. General comments: Please comment on the applicant’s suitability for the physical therapy profession and make additional, specific comments that expand upon the ratings you gave on the previous page. Attach additional pages as needed.

III. Using the same rating scale as before, please indicate the strength of your overall endorsement and your expectations of performance by the applicant for our physical therapy program. Compare to other students.

1=Below average (lower 50%)
2=Average (in the 50%)
3=Above average (Upper 30%)
4=Outstanding (Upper 20%)
5=Exceptional (Upper 10%)

IV. Indicate in what capacity the applicant was associated with you:

- as a student in a lecture course
- as a student in a laboratory course
- as a student engaged in research/independent study under my direction
- as my advisee
- as an employee (describe)
- other (state)

M. How long have you known the applicant? ____________________________

VI. How well do you know the applicant? A. Very Well  B. Fairly Well  C. Slightly

VII. What would be your attitude toward having this applicant in a responsible position under your direction?

N. Definitely would want him/her
O. Would want him/her
P. Would be satisfied to have him/her
D. Would prefer not to have him/her
E. Definitely would not want him/her
F. Unable to judge

VIII. To your knowledge has there ever been any disciplinary action involving this applicant which might indicate unsuitability for physical therapy?

Yes  No  (If yes, please provide full explanation in general comments above or in a letter)

Evaluator’s Signature: ____________________________ Date: ____________________________

Please print name: ____________________________ Title: ____________________________

Organization: ____________________________

Evaluator’s Address: ____________________________ Phone: ____________________________
CALIFORNIA STATE UNIVERSITY, LONG BEACH
DEPARTMENT OF PHYSICAL THERAPY

Verification of Work Hours

Name of Facility: ____________________________________________________________

Address: __________________________________________________________________

Phone Number: _____________________________________________________________

Name of Supervisor: _________________________________________________________

Job Title: __________________________________________________________________

Duties:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Dates of Employment:_______________________________________________________

Total Hours Worked: __________________________________________________________

Supervisor verifying work hours:

Applicant __________________________has worked at this facility.

________________________________

Supervisor’s Signature

I verify that the above information is correct.

____________________________________  __________________________

Applicant’s Signature            Date

(Application revised: 4-13-06)