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 with at least a 3.0 GPA.

_____ 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. 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.

_____ 5. 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.

_____ 6. Verification of 100-200 hours of related physical therapy work experience (paid and/or voluntary).

_____ 7. Official transcripts of all college classes completed and degree earned. All transcripts must be sealed and official.

_____ 8. 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.)

_____ 9. Official scores from the Graduate Record Exam.

_____ 10. 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.

If applying before fall grades are added to your official transcript, send an unofficial transcript in January including fall semester grades with an update of your overall, prereq and last 60 unit GPA.

Do not send any material to the office separately except unofficial transcripts of fall grades in January and 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, or from the University’s Enrollment Services (562-985-5471).
Supplemental Application for Admission

Application For Fall,  200__   Date____________________

E-mail address____________________________  Phone (___)___________

Name________________________________________________________________

(Last)      (First)     (Middle)

Permanent Address_____________________________________________________

(Number & Street)           (City)  (State)  (Zip)

Present Address________________________________________________________

(Number & Street)  (City)  (State)  (Zip)

Age ______  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 .6666.

<table>
<thead>
<tr>
<th>College Attended (Abbreviate)</th>
<th>Semester Units</th>
<th>Grade Points</th>
<th>GPA</th>
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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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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>Course</th>
<th>Grade</th>
<th>Sem/Year</th>
<th>Course (eg Psy 100)</th>
<th>College (eg CSULB)</th>
<th>Repeat Grade</th>
<th>Sem/Year</th>
<th>Course (eg Psy 100)</th>
<th>College (eg CSULB)</th>
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<tbody>
<tr>
<td>Human Anatomy</td>
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<td>Biological Science (3rd Quarter)</td>
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<td>General Chemistry (1st semester/Quarter)</td>
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<td>General Psychology</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 lower division prerequisite courses and for *prerequisite courses.

Students may apply and be conditionally accepted into the Physical Therapy program prior to completion of the *prerequisites.
**Classes In-Progress**  
Semester:_______ Year:____

*(turn in top portion with application)*

Name: ______________________________

<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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**Mid-Semester Grades**  
Semester:_______ Year:____

*(Turn in bottom portion mid semester)*

Name: ______________________________

<table>
<thead>
<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)

(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  D. ___ Would prefer not to have him/her
O. ___ Would want him/her  E. ___ Definitely would not want him/her
P. ___ Would be satisfied to have 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)