

# SIMMONS

SIMMONS COLLEGE SCHOOL OF HEALTH SCIENCES

APPLICATION FOR ADMISSION

**Doctor of Physical Therapy Bridge Program**

APPLICATION DEADLINES

November 1 for January 2010 entry

March 1 for May 2010 entry

June 1 for September 2010 entry

All admission decisions will be sent **after** each designated deadline date



**APPLICATION FOR ADMISSION – DOCTOR OF PHYSICAL THERAPY BRIDGE PROGRAM**  
**SIMMONS COLLEGE CALENDAR YEAR 2010**

**APPLICATION FEE WAIVERS**

**There are a variety of ways to obtain an application fee waiver:**

Current Simmons degree-seeking students or alumnae/i of the Simmons Undergraduate College or a Simmons Graduate School	Exempt from paying the application fee .DPT Bridge Advanced Standing application fee waivers applicable only for individuals whose institution or agency has a signed agreement with SHS. See below.
Attendee of an on-campus School of Health Sciences Information Session	Fee waiver form is provided at the Information Session and should be completed and included with your application materials when you apply
Know a Simmons School of Health Sciences Graduate	That person may recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> returning it to you to submit with your application materials when you apply
Know a Simmons School of Health Sciences preceptor for one of your clinical classes	May recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> (see below), and returning it to you to submit with your application materials when you apply
Student of a college or university that has an articulation agreement with the School of Health Sciences	The application fee is waived. To learn which U.S. undergraduate institutions have such agreements with SHS, visit <a href="http://www.simmons.edu/shs/admission/articulation.shtml">http://www.simmons.edu/shs/admission/articulation.shtml</a>
Employee of an agency or hospital	Contact your Human Resources Office or the Finance Office of your workplace to determine if an articulation agreement with SHS exists

**APPLICATION FOR ADMISSION – DOCTOR OF PHYSICAL THERAPY BRIDGE PROGRAM  
SIMMONS COLLEGE CALENDAR YEAR 2010**

Name: Last (Family or Surname)

First (Given)

Middle

Former

Please select the date you would like to begin the DPT Bridge Program:

- January 2010
- May 2010
- September 2010

Application and all required materials must be received, not postmarked, in the Office of Admission by the designated deadline date. Admission decisions will be sent after the deadline for the specific semester of entry.

NOTE: Statistics must have been taken within five years prior to the application deadline.

Please check one:

- Standard Admission (without request for waivers)
- Advanced-Standing Admission (portfolio review to waive courses)\*

I am applying via the special agreement between the School of Health Sciences and my agency/institution (indicate which one):

All applicants must submit the following materials in one envelope to the Office of Admission of the School of Health Sciences. Do not submit materials in binders or bound booklets.

- Application (Standard or Advanced-Standing)
- Current resume
- Letter of intent
- A notarized copy of your U.S. physical therapist license
- A non-refundable application fee \*\*:  
\$100 for standard admission or \$300 for advanced-standing admission. The check should be made payable to Simmons College. Please print your name at the top of the check.
- If you were born outside the U.S. but have U.S. citizenship, please provide evidence such as a copy of your U.S. Passport.
- Portfolio Waiver Request Form (for Advanced-Standing Applicants-located at end of this application)
- Current detailed job description on letterhead stationery.
- Letter of verification of employment (on letterhead stationery, including original signature and title of employer) verifying work as a clinician, researcher, or faculty member within the past three years.
- All official undergraduate and graduate transcripts (whether or not a degree was awarded or if the courses were taken some time ago, were not specific to the program for which you are applying, or appear on another transcript as study-abroad or transfer credit) Student copies are not considered official. Transcripts should be submitted in signed/sealed envelopes. **Allow ample time to request transcripts so that they arrive by the deadline date.**
- Two letters of recommendation from health care professionals **on letterhead stationery with original signatures in signed, sealed envelopes. These individuals should not represent a single facility or institution; only one can be from an applicant or currently-enrolled Simmons D.P.T. student.** If you are self-employed, the recommendations should come from outside your employment setting from persons you have collaborated with on professional activities or to whom you have referred patients.
- Application checklist (either Standard or Advanced-Standing)

Applicants whose first language is not English must submit official TOEFL scores taken within two years prior to the application deadline. The official score report must be sent directly by the Educational Testing Service (ETS) to SHS. The TOEFL requirement is based on native language, not citizenship. No other English proficiency exam will be accepted. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post secondary institution abroad that is recognized by the Ministry of Education in the host country in English-speaking countries only.

\*The Program faculty's determination of whether to waive a course requirement for an applicant requires a careful and comprehensive assessment of the applicant's professional portfolio. We recognize that some applicants may wish to receive a preliminary review prior to submitting their portfolio, but we regret that we cannot provide one.

\*\* Fee waiver information is available on the previous page of this application

See <http://www.simmons.edu/shs/admission/waivers.shtml> for Simmons alum or preceptor referral form.

**APPLICATION FOR ADMISSION – DOCTOR OF PHYSICAL THERAPY BRIDGE PROGRAM**  
**SIMMONS COLLEGE CALENDAR YEAR 2010**

**REQUIRED INFORMATION**

Have you previously applied to the School of Health Sciences (formerly the School for Health Studies?)  Yes  No

If so, when? \_\_\_\_\_ Which program? \_\_\_\_\_ Under what name? \_\_\_\_\_

\_\_\_\_\_  
Name: Last (Family or Surname)                      First (Given)                      Middle                      Former

\_\_\_\_\_  
Permanent Mailing Address: Street

\_\_\_\_\_  
City    State, Province                      Foreign Country                      Postal Code

\_\_\_\_\_  
Permanent Phone Number: Days (area code)                      Phone Number: Nights (area code)

\_\_\_\_\_  
Current or Temporary Mailing Address (if different from above)

\_\_\_\_\_  
City    State, Province                      Foreign Country                      Postal Code

\_\_\_\_\_  
Temporary Phone Number                      Dates of Temporary Address

\_\_\_\_\_  
Email Address (**our primary form of communication**)                      Fax Number

\_\_\_\_\_  
Date of Birth (month/day/year)                      Male/Female                      Country of Birth

\_\_\_\_\_  
Country of Citizenship                      First Language

A \_\_\_\_\_  
Resident Alien Number                      Visa type (if in possession of a visa now)

**REQUIRED INFORMATION (continued)**

**LETTER OF INTENT**

In one or two pages, please provide the following: your professional goals, your reasons for pursuing the D.P.T. and your expected outcomes in completing the D.P.T. Write your name at the top of the page.

**WORKING KNOWLEDGE AND USE OF COMPUTER**

Please indicate your skill level for each item: 1 for independent, 2 for familiar (needs occasional assistance) 3 for novice (frequent assistance), 4 no knowledge

- \_\_\_ Word Processing (Word, Word Perfect)                      \_\_\_ Literature Searches (PubMed, ERIC, Ovid)
- \_\_\_ Database Management (Access, Excel)                      \_\_\_ Statistical Analysis (SPSS, SAS)
- \_\_\_ Presentation (PowerPoint)                                      \_\_\_ Communications (E-mail, Internet Navigation, Chat Room)

How did you learn about the D.P.T. Bridge program? \_\_\_\_\_

**OPTIONAL INFORMATION**

To what other transitional D.P.T. programs are you applying? (This optional information is for research purposes only.)

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

The School of Health Sciences seeks information about its applicant pool to evaluate its ongoing efforts to attract a diverse student body. Your candidacy for admission **will not** be adversely affected should you decline to indicate the following.

- American Indian or Alaskan Native                       Native Hawaiian or other Pacific Islander
- Asian     White (non-Hispanic)
- Black or African-American                                       Other
- Hispanic / Latino/a    Please specify: \_\_\_\_\_

Social Security Number\* \_\_\_\_\_

\*Your Social Security number is requested for identification purposes only. Disclosure of your Social Security number is voluntary on your part as an applicant to the College. If you do not wish to disclose your Social Security number, this non-disclosure **will not** negatively affect your candidacy.

**REQUIRED**

I hereby certify that the information contained in this application and in any supplemental materials which I submit, is factually accurate and honest as of the date submitted. I have reported all post secondary attendance and have submitted all required educational documents. I further assert that this material is for the sole use of Simmons College in determining my suitability for admission. I understand that application materials become the property of Simmons College and cannot be returned to me. Upon my acceptance and matriculation, I am subject to the academic rules and regulations of Simmons College and to the ethical standards and conduct as a student and in my clinical workplace consistent with professional practice as interpreted by the College. I understand that any misrepresentation will be cause for withdrawal of my application, denial of admission, or cancellation of admission and enrollment. Fraudulent misrepresentation may also be subject to litigation by Simmons College.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Print Name

All materials should be mailed to:  
Office of Admission  
The School of Health Sciences  
Simmons College  
300 The Fenway,  
Boston, MA 02115-5898

**( ) STANDARD APPLICATION CHECKLIST**

Name: Last (Family or Surname)                      First (Given)                      Middle                      Former

Please use this checklist to assure that you have completed your application and include this sheet with the application. Please use the same name in the same order on all correspondence.

**All materials must be received, not postmarked, by the Office of Admission by the application deadline date.**

**Allow ample time to request materials so that they arrive by the deadline date.**

**This is for students who do not wish to request to waive any of the required courses in the D.P.T. Bridge program.**

A **Standard Application** is considered complete by submitting:

- Completed application
- A non-refundable application fee payable to Simmons College: \$100.00 for standard admission. *Please print your name at the top of the check.* \*
- Letter of Intent
- Current resume
- Current job description on letterhead stationery
- Letter of verification of employment (on letterhead stationery, with original signature and title) of having worked as a clinician, researcher, or faculty member within the last three years
- A notarized copy of your physical therapist license
- If you were born outside of the U.S. but have U.S. citizenship, please provide evidence such as a copy of your U.S. Passport.
- Official transcripts from all undergraduate and/or graduate institutions, **whether or not a degree was awarded, the courses were taken some time ago, were not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit** (must be sent directly to the Admissions Office of the School of Health Sciences in signed/sealed envelopes).

If coursework and/or a degree were earned abroad, official academic records in the native language and an official English translation (if applicable) are required. An evaluation of the overseas degree may be required by a commercial agency at a cost to the student. Only overseas degrees authorized by the Ministry of Education in the home country will be considered for admission

School	Diploma, Certificate or Degree Granted (if any)	Years of Attendance/ Graduation
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Transcript		

- Statistics  
 Completed courses at (institution) \_\_\_\_\_ Semester/Year \_\_\_\_\_  
 Currently taking course at \_\_\_\_\_ Semester/Year \_\_\_\_\_
- Two letters of recommendation from health care professionals on letterhead stationery, **each in signed, sealed envelopes sent directly to the Office of Admission. Recommenders should not represent a single facility or institution; only one can be from an applicant or currently-enrolled Simmons D.P.T. student.** If you are self-employed, the recommendations should come from outside of your employment setting, from persons you have collaborated with on professional activities or to whom you have referred patients.
  - (Name) \_\_\_\_\_
  - (Name) \_\_\_\_\_

Simmons College  
 School of Health Sciences  
 300 The Fenway · Boston, MA 02115

\* Please see second page of this application

**( ) ADVANCED-STANDING APPLICATION CHECKLIST**

Name: Last (Family or Surname)                      First (Given)                      Middle                      Former

Please use this checklist to assure that you have completed your application and include this sheet with the application. Please use the same name in the same order on all correspondence.

**All materials must be received, not postmarked, by the Office of Admission by the application deadline date.**

**Allow ample time to request materials so that they arrive by the deadline date.**

**This is page is for students who wish to request to waive one or more of the required courses in the Bridge program.**

An **Advanced-Standing Application** is considered complete by submitting:

- Completed application
- A non-refundable application fee payable to Simmons College \$300.00 for advanced-standing admission.\*  
*Please print your name at the top of the check.*
- Letter of Intent
- Current resume
- Current job description on letterhead stationery
- Letter of verification of employment (on letterhead stationery, with original signature and title) of having worked as a clinician, researcher, or faculty member within the last three years.
- A notarized copy of your physical therapist license
- If you were born outside of the U.S. but have U.S. citizenship, please provide evidence such as a copy of your U.S. Passport.
- The completed Portfolio/Request to Waive Form (located at the end of this application). Each piece of evidence should be labeled with the applicant's name and the course to which it applies.
- Each piece of evidence should be labeled with the applicant's name and the course to which it applies
- Official TOEFL score sent directly to the School of Health Sciences by the Educational Testing Service (ETS) for **all** applicants whose first language is not English. Copies of student score reports are **not** acceptable.
- Official transcripts from all undergraduate and/or graduate institutions, **whether or not a degree was awarded, the courses were taken some time ago, were not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit** (must be sent directly to the Office of Admission of the School of Health Sciences in signed, sealed envelopes).

If coursework and/or a degree were earned abroad, official academic records in the native language and an official English translation (if applicable) are required. An evaluation of the overseas degree may be required by a commercial agency at a cost to the student. Only overseas degrees authorized by the Ministry of Education in the home country will be considered for admission.

School	Diploma, Certificate or Degree Granted (if any)	Years of Attendance/ Graduation
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Transcript		

- Statistics  
Completed courses at (institution) \_\_\_\_\_ Semester/Year \_\_\_\_\_  
Currently taking course at \_\_\_\_\_ Semester/Year \_\_\_\_\_

- Two letters of recommendation from health care professionals on letterhead stationery, **each in signed, sealed envelopes sent directly to the Office of Admission. Recommenders should not represent a single facility or institution; only one can be from an applicant or currently-enrolled Simmons D.P.T. student.** If you are self-employed, the recommendations should come from outside of your employment setting, from persons you have collaborated with on professional activities or to whom you have referred patients.

(Name) \_\_\_\_\_

(Name) \_\_\_\_\_

Simmons College

School of Health Sciences, 300 The Fenway · Boston, MA 02115

\* Please see second page of this application

**PORTFOLIO/REQUEST TO WAIVE FORM**  
**For Advanced-Standing Applicants only**

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Name: Last (Family or Surname)                      First (Given)                      Middle                      Former

There are four required courses in the Bridge DPT program. Please indicate which course(s) you would like to waive, and provide evidence in support of your request. Each piece of evidence should be labeled with the applicant's name and the course name and number to which it applies.

Note: The Program faculty's determination of whether to waive a course requirement for an applicant requires a careful and comprehensive assessment of the applicant's professional portfolio. We recognize that some applicants may wish to have a preliminary review prior to submitting their application/portfolio, but we regret that we cannot do so.

**PT 740: Principles of Practice Management**

Course Objectives

Upon completion of this course, the student will be able to:

1. Communicate effectively, via electronic media and in writing.
2. Identify and understand some of the critical basic attributes and skills associated with leadership effectiveness and success.
3. Apply some of the basic principles and mechanisms of budgeting and management of income, expenses, and revenues.
4. Apply basic concepts of financial decision making.
5. Organize and lead interdisciplinary teams more effectively.
6. Devise, and contribute to the design of, innovative new programs and services.
7. Understand legal implications surrounding healthcare management.

**To waive this course**, please write 1-2 paragraphs which describe the ways in which you believe you have met these objectives. Please refer to the evidence you have submitted and describe how your work meets these objectives.

Evidence could include, but is not limited to the following:

- An advanced degree in management: e.g. Masters in Health Systems Management, MBA
- Extensive supervisory experience: please provide job descriptions and evidence of support from supervisors.
- Coursework or continuing education in administration: please provide detailed descriptions (which include course objectives) from the course *syllabus* or program brochure.

**EVIDENCE FOR WAIVER:**

PORTFOLIO/REQUEST TO WAIVE FORM (continued)

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Name: Last (Family or Surname)

First (Given)

Middle

Former

**SHS 570: Health Promotion: A Global Perspective**

Course Objectives

Upon completion of this course, the student will be able to:

1. Explore current topics in health and health policy from a global perspective
2. Investigate the consequences these issues have on the health status of populations and society
3. Explore strategies to integrate health promotion teaching and interventions into your role as a clinician
4. Explore current issues in Health Promotion and apply theory to clinical practice and the facilitating of behavior change for clients
5. Use an epidemiological model to identify selected health issues affecting society on a local, community, national, and global level
6. Use theoretical frameworks to identify current health promotion issues affecting culturally diverse populations.

**To waive this course**, please write 1-2 paragraphs which describe the ways in which you believe you have met these objectives. Please refer to the evidence you have submitted and describe how your work meets these objectives.

Evidence could include, but is not limited to the following:

- An advanced degree in health promotion: e.g. Masters of Public Health
- Significant experience in service learning
- Significant experience in community improvement and wellness: e.g. work in a community wellness center; documentation of participation in a community health improvement project which describes the project or initiative in terms of the process and results and explains the nature of your participation.
- Coursework or continuing education in health promotion and wellness: please provide detailed descriptions (which include course objectives) from the course *syllabus* or program brochure.

**EVIDENCE FOR WAIVER:**

**PORTFOLIO/REQUEST TO WAIVE FORM (continued)**

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Name: Last (Family or Surname)

First (Given)

Middle

Former

**The Research Sequence:**

Completion of the Research Sequence assumes prior coursework in basic statistics and basic research methods. These courses are currently offered on campus as Math 118 and PT 610.

**SHS 414: Acquiring and Analyzing Research Data**

Course Objectives

Upon completion of this course, the student will be able to:

1. Construct appropriate research questions
2. Define the basic terms of measurement theory
3. Assess the usefulness, reliability and validity of a measurement
4. Create a coding sheet for a questionnaire
5. Enter the responses (including 'missing' values) on a questionnaire into a statistics software package
6. Clean the raw data, recode where appropriate, and name the variables
7. Identify the 'level' of each variable
8. Obtain univariate summaries (numerical and graphical) appropriate to the level of the variable
9. Obtain bivariate summaries (numerical and graphical) appropriate to the level of the variables and to begin to address the appropriate research questions
10. Perform statistical tests appropriate to the data and research question
11. Check the validity of the assumptions underlying statistical tests
12. Present the results of your analyses in publication-quality tables and displays
13. Write a description of your results, your conclusions, the implications for practice, and of future research efforts
14. Combine prose, displays and tables in a final report and last, but by no means least,
15. Know how and when to ask for professional assistance.

**PT 760: Research Seminar**

Course Objectives:

Students completing this course will be able to:

1. Pass a quiz related to human subject protection.
2. Identify issues that are of importance to the profession and require further study.
3. Identify and access information to support the need for a study.
4. Write a thorough review of the literature related to an area requiring further study.
5. State a research problem and compose a research question.
6. Write a purpose statement and/or hypothesis statement for a planned study.
7. Operationally define terms related to variables under study.
8. Select an appropriate sample for a study.
9. Determine an appropriate research design to meet a given purpose.
10. Determine methods of data collection that are ethical, efficient, minimize bias, and consider resources and subject burden.
11. Determine statistical analyses that are coherent with a study's purpose.
12. State the limitations and benefits of a given approach to answering a research question.
13. Develop outlines of tables and graphs to display results of a study.
14. Develop a timeline of the proposed project from planning to completion.
15. Determine a budget for a research project.
16. Write an informed consent form or cover-letter and an IRB proposal.
17. Develop and present a formal slide presentation to share a research proposal with others.

**PORTFOLIO/REQUEST TO WAIVE FORM (continued)**

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Name: Last (Family or Surname)                      First (Given)                      Middle                      Former

**To waive SHS 414 or PT 760**, please write 1-2 paragraphs which describe the ways in which you believe you have met these objectives. Please refer to the evidence you have submitted and describe how your work meets these objectives. Evidence could include, but is not limited to the following:

- A thesis completed in partial fulfillment of an advanced degree
- Research published within the last 5 years
- Evidence of a professional research presentation (includes poster presentations) within the last 5 years
- Coursework in this area: please provide detailed course descriptions (which include course objectives) from the course syllabus.

**EVIDENCE FOR WAIVER:**