

SIMMONS

SIMMONS COLLEGE SCHOOL OF HEALTH SCIENCES

SUPPLEMENTAL APPLICATION FOR ADMISSION 2010 – 2011

Doctor of Physical Therapy

APPLICATION DEADLINE

December 1, 2009

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



SUPPLEMENTAL APPLICATION FOR ADMISSION – DOCTOR OF PHYSICAL THERAPY
SIMMONS COLLEGE ACADEMIC YEAR 2010-2011

Applications Deadline: December 1, 2009

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

INSTRUCTIONS

- Please be sure to read these application instructions completely.
- *Note:* The application appears at the end of these instructions.
- *This application requires an additional application processing fee that is separate from the PTCAS fee.*
- A check for \$50 for application processing made payable to Simmons College must be included with your application.
- Fees and fee waivers are explained in more detail at the end of these instructions.

It is the applicant's responsibility to assemble and submit all required materials (described below) to both PTCAS and the Simmons College School of Health Sciences (SHS) by the December 1 deadline. If possible, submit your application early so that we can resolve any problems before the deadline occurs.

Complete the SHS Supplemental Application (attached).

Carefully follow the instructions, make certain that your name is clearly indicated on each page of the application, print the appropriate pages on 8 1/2" x 11" paper, include a check to cover the application fee (see Section 5, below: **Fees**), enclose all materials in one envelope and mail to:

Office of Admission
School of Health Sciences
300 The Fenway
Boston, MA 02115

Note: Please do not address the envelope only to Office of Admission since there are five admission offices at Simmons. *Be sure to include the **School of Health Sciences** in the address.*

REQUIRED APPLICATION MATERIALS

1) Standardized Tests

Register and take the appropriate standardized test, GRE and TOEFL no later than October 2009 so that we can receive your official scores by our deadline. It usually takes 4 to 6 weeks for us to receive this information. You must submit official GRE scores taken within the past five years prior to the application deadline. We cannot accept student score reports.

The Simmons test code number for GRE and TOEFL is 3761.

Applicants whose first language is not English must submit official scores which were taken within two years prior to our application deadline to PTCAS. The TOEFL requirement is based on native language, not citizenship. TOEFL does not replace the GRE; both are required for students whose first language is not English.

A minimum score of 570 (paper-based), 230 (computer-based), or 88 (Internet-based), is required. TOEFL is waived for applicants who graduated from a regionally accredited U.S. post-secondary institution or from an institution abroad in an English-speaking country **only**, which is recognized by the Ministry of Education in the home country. No other English proficiency test is accepted in lieu of TOEFL.

2) Prerequisites

It is imperative that you provide your current (Fall 2009 semester) and future (Spring or Summer 2010) enrollment list, especially if they are prerequisite courses. Remember that only two prerequisite courses can be outstanding at the time of application; we will **need** a copy of your grade report while awaiting your final official grades for either semester. Please send these grades as soon as they are available to you since they will be needed in our G.P.A. calculations.

3) Additional Requirements for International Students

International applicants must submit official stamped and sealed academic records or end of year mark sheets for each year of the university program, an official English translation of these records by someone other than the applicant, family member or a friend as well as an interpretation of the degree earned by an evaluation agency. Photocopies of academic records are not accepted and an application will not be reviewed without the appropriate information.

International applicants requiring a student visa (F-1) to study in the U.S. must submit the SHS Certification of Finances Form **as part of the admission process. We must know if an applicant has the ability to cover all educational costs before expending significant time in assembling and evaluating the file.**

4) PT Observation Hours

A licensed Physical Therapist, using either the PTCAS form or official stationery, must verify PT observation hours. Student statements or copies of time cards are not acceptable. Dates of completion must be clearly indicated; all observation hours must be completed and documented by May 2010.

5) Fees and Fee Waivers

This application requires an additional application processing fee that is separate from the PTCAS fee. Check with our office (617-521-2650) to determine if your institution has an articulation agreement with SHS. If it does have such an agreement with SHS, the application fee and the GRE will be waived. If your institution does *not* have an articulation agreement with SHS, enclose a check for \$50, made payable to Simmons College, with your application.

Upon review and evaluation of applications, the Simmons SHS PT Admission Committee will determine which candidates will be offered a required interview. The PT Department will notify students directly to arrange such interviews. Interviews are by SHS invitation only.

Office of Admission
School of Health Sciences
300 The Fenway
Boston, MA 02115
617-521-2650
shs@simmons.edu
www.simmons.edu/shs

SUPPLEMENTAL APPLICATION FOR ADMISSION – DOCTOR OF PHYSICAL THERAPY
SIMMONS COLLEGE ACADEMIC YEAR 2010-2011

Application deadline:
December 1, 2009

REQUIRED INFORMATION

PTCAS Number _____

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

Street /Apartment number City State, Country Postal Code

Current Telephone Number (area code/country code/city code/number) Email

Country of Birth Country of Citizenship (if a U.S. citizen and born abroad, a copy of a U.S. passport is required)

A _____

Resident Alien Number Social Security Number (only if you are applying for financial aid)

Have you previously applied to the School of Health Sciences (formerly the School for Health Studies)?

Yes No

When? _____ Under what name? _____ Which program? _____

Are you currently enrolled or were you ever enrolled at Simmons College?

Yes No

When? _____ Under what name? _____ What program? _____

Are you a relative of a Simmons alum?

Yes No

Who? _____ What program? _____

Are you a relative of a Simmons faculty or staff member?

Yes No

Who? _____ What department? _____

Have you ever been enrolled in another DPT program?

Yes No

If so, where, when? _____

why did you leave? _____

I am applying via an articulation agreement between Simmons College and my institution (indicate the institution)

I am applying for financial aid (low interest loans for U.S. citizens only): Yes No

I intend to live on campus: Yes No

SUPPLEMENTAL APPLICATION FOR ADMISSION – DOCTOR OF PHYSICAL THERAPY
SIMMONS COLLEGE ACADEMIC YEAR 2010-2011

SCIENCE PREREQUISITES - PLEASE COMPLETE (Prerequisites are different for each PT program and although you have included science courses in your PTCAS application, completing this page will expediate your Simmons application)

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

PREPROFESSIONAL (PREREQUISITE) COURSES

All science courses must include labs, except for exercise physiology. Please include labs in the calculation, if you received a separate grade for the labs. All courses must have been completed in the ten years prior to the application deadline. Audit or pass/fail courses, AP, IB, CLEP scores and individual **courses repeated more than two times are not acceptable**. Only two courses can be outstanding at the time of application. If needed, please convert courses to credit hours.

Science Prerequisite	Course taken	Institution	Semester/year Completed	Number of Credits	Grade	Quality Pt/grade	Total Quality points
Biology 1							
*Exercise Phys							
Chemistry 1							
Chemistry 11							
Physics 1							
Physics 11							
Human Anat Not Animal							
Human Phys Not Animal							
TOTAL							

*laboratory not required

PREREQUISITE SCIENCE GPA: $\frac{\text{TOTAL QUALITY POINTS}}{\text{TOTAL CREDITS}}$ = GPA _____

NON-SCIENCE PREREQUISITES - PLEASE COMPLETE

Non-science Prerequisite	Course taken	Institution	Sem/yr Completed	# Credits	Grade
Psych 1					
Psych 11					
Statistics					

DO NOT INCLUDE NON-SCIENCE COURSES IN PREREQUISITE GPA CALCULATION.

CERTIFICATION OF FINANCES: REQUIRED ONLY FOR INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)

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

This form is required of all **applicants who are not U.S. citizens or U.S. permanent resident immigrants** at the time of application for admission. This information is needed in order to issue a Form I-20 to obtain an F-1 Student Visa to study at Simmons College. **Both pages must be completed as part of the admission process before an application can be reviewed and before a Form I-20 can be issued.** Make copies of this form for your records.

Please carefully read this form and complete all sections before sending to the School of Health Sciences at the address indicated. **Photocopies or facsimiles are not acceptable.** Original signatures are required. All statements must be in English and funds should be reflected in U.S. dollars (\$). Sources of support should not be more than six months old. **Monthly bank statements and separate currency tables are not acceptable. Please print or type clearly.**

APPLICANT INFORMATION

Last (Family or Surname) First (Given) Former

Address (To which the I-20 should be sent; not a Post Office Box)

Number Street City State/Province/Country

Postal Code Telephone (country/city or area code/number) Fax (country/city or area code/number)

Email (**our primary form of communication**)

Date of Birth (month/day/year) Country of Birth Country of Citizenship

Do you currently have a Visa? No Yes If so, what type _____

Please list below any dependents who will accompany you and remain with you during your study.

NAME (Given, Surname), Relationship to you, Date of Birth (month/day/year), Country of Birth, Country of Citizenship

SOURCES OF SUPPORT AND SPONSORSHIP

I certify that I am prepared to meet the anticipated yearly expenses (including funds for travel to and from the U.S.) for study at Simmons College. Funds will be provided by (check which apply):

my own savings my family my government other (specify) _____

Sponsor's Name (print) _____
Given (First) Surname or Family (Last)

Sponsor's Signature _____

Relationship of sponsor to student _____

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SIMMONS COLLEGE ACADEMIC YEAR 2010-2011

CERTIFICATION OF FINANCES: REQUIRED ONLY FOR INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)

Name: Last (Surname) _____ First (Given) _____ Middle Name _____ Former _____

ESTIMATED STUDENT EXPENSES: (NOTE THAT COSTS INCREASE EACH YEAR.)

Academic Program	Tuition*	Housing & Food	Fees & Health Insurance	Books & Supplies	Personal**	Total First Year Costs
Health Care Administration	\$29,580 US (30 credits)	\$13,500	\$3,200	\$1,200	\$6,000	\$53,480 US
Nursing(Direct Entry)	\$57,760 US (47 credits)	\$13,500	\$3,200	\$1,400	\$6,000	\$61,130 US
Nursing(RN)	\$35,340 (38 credits)	\$13,500	\$3,200	\$1,200	\$6,000	\$53,480 US
Nutrition(MS.)	\$28,830 US (31 credits)	\$13,500	\$3,200	\$1,240	\$6,000	\$54,506 US
Physical Therapy	\$33,480 US (36 credits)	\$13,500	\$3,200	\$1,480	\$6,000	\$60,662 US
Dietetic Internship	\$11,160 US (12 credits)	\$13,500	\$3,200	\$480	\$6,000	\$35,012 US

*\$986, US per credit hour for 2009-2010: rate for 2010-2011 will be announced in March 2010

**Includes allowance for transportation

STATEMENT FROM BANK OR OTHER FINANCIAL AGENCY

This is to certify that (print name of sponsor or self-supporting student) _____ whose signature appears herein, has ample funds (specify amount U.S.D. \$ _____) to meet the yearly expenses of (print name of student) _____. This certification does not constitute a statement of liability on my part or that of the firm or bank I represent.

Bank Representative. Name _____

Print _____

Bank Representative Name. _____

Signature _____

Street _____ City _____

State _____ Country _____ Postal Code _____

Telephone Number: Country/City or Area Code/Number _____

Fax Number: Country/City or Area Code/Number _____ Email: _____

Please place bank Seal or stamp here

Date _____
 month/day/year

APPLICANT: I certify that the information on this form is correct and complete.

Signature of Applicant _____

Date (Month, Day, Year) _____

Print Name: Last (Surname) _____

First (Given) _____

All Applicants

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

ATTESTATION OF TRUTHFULNESS

I hereby certify that the information contained in this supplemental application is factually accurate and honest as of the date submitted. I have reported all post secondary attendance and have submitted all required educational documents to PTCAS. I understand that official transcripts for all coursework completed after submission of my PTCAS application as well as a final official transcript verifying receipt of an earned bachelor's and/or master's degree, if accepted, must be sent to the School of Health Sciences. I further assert that this material is for the sole use by 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 enrollment. Fraudulent misrepresentation may also be subject to litigation by Simmons College.

Signature of Applicant

Date (month/day/year)

OPTIONAL SURVEY

How did you learn about the Simmons Professional Doctorate in Physical Therapy Program?
Check more than one box if applicable. (*This information is for research purposes only.*)

Admission Staff Member Advertisement: θ radio θ print APTA Directory

APTA Web Site Faculty Member at another school Workplace

Simmons Email Notice Simmons Website

Simmons Graduate (name) _____

Information Session (date) _____

Professional Directory (publication name and date) _____

Simmons Faculty (name) _____

Simmons Student (name) _____

Recruitment Event (date and place) _____