

# **Admission Application**

## **Transition Doctor of Physical Therapy Program**

**All applicants must be a Master's level graduate of a CAPTE accredited program, have a current license and at least one year of clinical experience.**

We welcome your application as a graduate student to Misericordia University. Misericordia University is dedicated to enhancing the professional success as well as the personal growth of each of its students. We trust that you will experience both a stimulating learning environment and a supportive "small campus" atmosphere while you are with us.

### **Application Procedure**

1. Send a \$25 non-refundable fee made payable to Misericordia University.
2. \* Misericordia University graduates do not need to submit Misericordia transcripts.
3. Include a photocopy of your current Physical Therapy license(s).

**Materials and Fee may be forwarded to:**

**Laree Brown  
Adult Education  
Misericordia University  
301 Lake Street  
Dallas, PA 18612**

**Please complete the form below and submit.**

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Name (Last)	(First)	(Middle)	Social Security Number
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Maiden or other surname(s) under which you earned credits	Date of Birth
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Address: \_\_\_\_\_

Number Street	
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City	State	Zip Code
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Telephone	Evening	Day
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E-mail Address \_\_\_\_\_

Semester and year for which you are applying Year \_\_\_\_\_ Fall      Spring      Summer

If applicable, what year did you graduate from the Misericordia University's Physical Therapy Program?  
\_\_\_\_\_

Are you a dependent or spouse of a Misericordia University employee? Yes    No  
If Yes, please indicate the employee's name and title \_\_\_\_\_  
\_\_\_\_\_

Do you have a current license to practice Physical Therapy? Yes No  
 If Yes, please list all current licenses

_____	_____	_____
State	License #	Expiration Date
_____	_____	_____
State	License #	Expiration Date
_____	_____	_____
State	License #	Expiration Date

How did you initially hear about the Transition Doctor of Physical Therapy Program?

Word of Mouth	Alumni	Television
Radio	College Fair	Newspaper
University representative	Professional Journal	College Website
Other _____		

Is there anything specific that influenced your decision to apply?

\_\_\_\_\_

\_\_\_\_\_

Education Data  
 Degrees Held

Please list degrees in reverse chronological order

_____	_____	_____	_____
Degree	Institution	Field of Study	Date Degree Conferred
_____	_____	_____	_____
Degree	Institution	Field of Study	Date Degree Conferred
_____	_____	_____	_____
Degree	Institution	Field of Study	Date Degree Conferred
_____	_____	_____	_____
Degree	Institution	Field of Study	Date Degree Conferred

Employment  
 Information

_____	_____
Employer	Dates Employed
_____	
Address	
_____	
Position/ Type of work Responsibilities	
_____	
Employer	Dates Employed
_____	
Address	
_____	
Position/ Type of work Responsibilities	
_____	
Employer	Dates Employed
_____	
Address	
_____	
Position/ Type of work Responsibilities	

