



The University of Utah
Doctoral Program in Rehabilitation Sciences

APPLICATION FOR ADMISSION

Name: _____ Date of Application: ____ / ____ / ____
Last First Middle day month year

Current Address: _____
Street City State Zip

Permanent Address: _____
(If different than above) Street City State Zip

Telephone: Home: (____) _____ Work: (____) _____ Mobile: (____) _____

E-mail Address: _____

Are you a United States citizen? Yes No (Citizenship: _____)

EDUCATION (List in chronological order the universities, colleges, and professional schools attended.)

Name and Location of School	Dates Attended	Degree Awarded

EMPLOYMENT EXPERIENCE (List in chronological order all professional positions held since graduation from undergraduate college or for the past seven years. Please include periods of military service. Employers may be contacted as references. If the space below is not adequate, use additional sheets.)

Position	Name of Employer	Dates of Employment	Name of Supervisor

PROFESSIONAL STATEMENT

Please attach a written statement (less than 1000 words) describing your professional interests and career aspirations. Include your research experience and interests.

PERSONAL REFERENCES

Provide the names of 3-5 persons (other than relatives or personal friends) from whom you have requested letters of reference for admission to the doctoral program. Advise them to return the reference letter to: University of Utah, Department of Physical Therapy, PhD Program, 520 Wakara Way, Salt Lake City, Utah 84108.

Name and Title	Relationship to Applicant	Address and Phone Number

PROFESSIONAL LICENSURE (please list any professional licenses you have in any states that are related to the clinical delivery of rehabilitation, (e.g., physical therapy, medicine, etc.)

License Type	License Number	State	Active?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a felony charge? Yes No

Have you ever had a professional license related to the clinical delivery of rehabilitation suspended or revoked? Yes No

Have you ever been named in (and/or had a judgment against you) in a malpractice legal suit? Yes No

If you answered “yes” to any of the above questions, provide an explanation (attach separate sheet).

To the best of my knowledge, the information in this application is current and complete:

Signature of Applicant: _____

The University of Utah is committed to policies of equal opportunity and affirmative action and prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or status as a Vietnam veteran, disabled veteran, or person with a disability. The University seeks to provide equal access to its programs, services, and activities for people with disabilities. Reasonable prior notice is needed to arrange accommodations. Evidence of practice not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, 801-581-8365 (Voice to TDD).