

**UNIVERSITY OF UTAH
DIVISION OF PHYSICAL THERAPY PROGRAM APPLICATION
POST-PROFESSIONAL DOCTORATE OF PHYSICAL THERAPY**

*Social Security # _____

NAME _____
Last
First
Middle

OTHER NAMES/MAIDEN NAME _____
 (If applicable)

ADDRESS _____
Street
City
State
Zip

HOME PHONE (____) _____ WORK PHONE (____) _____

E-MAIL ADDRESS _____

PLACE OF BIRTH _____ STATE OF ESTABLISHED RESIDENCY _____
(According to U of U Regulations)

Academic History (List most recent degree first)

Degree	Institution	City/State	Dates (yr from/yr to)	GPA

Employment History (List most recent first; attach second page if necessary)

Employer	City/State	Job Description	Dates (yr from/yr to)

STATES IN WHICH LICENSED (IMPORTANT: ATTACH A COPY OF YOUR LICENSE FOR THE STATE IN WHICH YOU ARE CURRENTLY WORKING)

STATE	LICENSE #

**Privacy Act Notice: The University confidentially maintains your social security number for routine uses, such as facilitation document matching, verifying your identity, and expediting enrollment and financial aid. Disclosure of your social security number is voluntary, but failure to provide your social security number may result in delay and confusion regarding your identity, and once admitted, could result in delay or loss of federal and state financial aid, tax credits, student loan deferments, veterans benefits, and other benefits under law.*

(OVER)

Criminal Background Information

In order to protect its population and property, the University of Utah, Division of Physical Therapy, requires all applicants to answer the following:

Have you ever been convicted of an offense other than a minor traffic violation? Yes [] No []

**If yes –
What? _____ When? _____ Where? _____**

**Explain: _____

_____**

Final Disposition: _____

Release of Information/Waiver: I hereby authorize the University of Utah to perform a criminal history background check, at time of acceptance and as needed throughout the course of my education, to ascertain any and all information that may be pertinent to my qualification as a student in the physical therapy program. The information obtained will be available to persons involved in making clinical placement or other academic decisions or for the purpose of assisting in making promotion decisions about me.

I understand that I have the right to review and respond to any information obtained by the University of Utah pursuant to this release. I understand that I must make a written request to review and/or respond to this information. I hereby release the University of Utah and all persons, organizations, or government agencies, from any damages of, or resulting from furnishing the information described above. I verify that the information I have provided is complete and true. I understand that any omission or mis-statement, may result in the termination of my physical therapy education.

Most convictions will not automatically disqualify candidates. The seriousness of an offense, how related to the program and date of conviction are considered.

As an applicant for the professional program in Physical Therapy offered at the University of Utah, I do hereby verify that all of the above listed information is true. I further understand that any omission or misrepresentation of any part of the application information is grounds for immediate dismissal if I am accepted into the program. I acknowledge and accept the fact that my failure to submit a transcript verifying graduation in physical therapy is also grounds for dismissal.

THE UNIVERSITY OF UTAH DIVISION OF PHYSICAL THERAPY SEEKS TO PROVIDE EQUAL ACCESS TO ITS PROGRAMS, SERVICES AND ACTIVITIES FOR PEOPLE WITH DISABILITIES. REASONABLE PRIOR NOTICE IS NEEDED TO ARRANGE ACCOMMODATIONS.

Signature _____

Date _____

**UNIVERSITY OF UTAH
DIVISION OF PHYSICAL THERAPY**

This information is used for federal reporting purposes and admission trends, but is not required. Failure to provide this information will have no adverse effect on your potential for admission. This information is removed and not used in the review of admission files.

Male _____ Female _____ U.S. Citizen Yes _____ No _____

If no, type of Visa _____

Disabled: Yes _____ No _____

**Ethnic Origin: American Indian or Alaskan Native _____ Black _____ White _____
Asian or Pacific Islander _____ Hispanic _____ Other (Specify) _____**

Gulf War or Iraq War Veteran _____ Other Veteran _____

Special Disabled Veteran: Gulf War or Iraq War Era _____ Other _____

Birthdate: _____

**DIVISION OF PHYSICAL THERAPY
COLLEGE OF HEALTH
THE UNIVERSITY OF UTAH
Telephone: (801) 581-8681
Fax: (801) 585-5629**

Release of Information for a Criminal Background Check

I understand that University of Utah Human Resources Department will utilize the background screening services Infocheck as part of the procedure for processing my international clinical education placement.

I understand that the consumer reporting agency will conduct an investigation which may include obtaining information covering up to the last seven (7) years regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, credit information, driving records and criminal background.

I hereby consent to this investigation and authorize the University of Utah Human Resources department to procure a report on my background as stated above from a consumer-reporting agency.

Signature of Applicant: _____

Date: _____

Full Name: _____

Any Previous Names: _____

Date of Birth : _____

Social Security Number: _____

Current Address: _____

States of Residence: _____

A University of Utah Health Sciences Vice Presidential directive requires that all students in the Health Sciences be required to complete an updated criminal background check. The University of Utah Division of Physical Therapy assists in fulfilling this requirement through university resources at a very reasonable rate (with costs beginning at \$40.00); additional costs may be required depending upon the extent of the check on an individual basis.

