



DPT High School Early Acceptance Application Instructions

To complete your application, please read all information carefully and review the requirements to make sure you are eligible to apply at this time. If you are accepted in to the HSEA and meet all our requirements, you will receive a **\$1,000 tuition discount each year** of the DPT program!

DUE DATE: April 1st prior to freshman fall start at SBU. Applications received by the Scholar's Day deadlines will interview at Scholar's Day and receive quicker feedback.

Please type your application (or print neatly) and submit all application materials in ONE envelope.

To apply for HSEA, please submit the following documents with your application:

1. TEST SCORES

Scores should be sent directly to *the undergraduate admissions office* as part of your application to the University. Test scores are required for the HSEA program. Part of the program benefits include not needing to take the GRE prior to entry of grad school.

Minimum Requirement: ACT 24 | SAT 1160 | CLT 76

2. LETTER OF REFERENCE FORMS:

Complete the top portion of each letter of reference form. Give forms to references for them to fill out and return to you in a sealed and signed envelope.

3. VERIFICATION OF EXPERIENCE FORM

Observation hours are *not required* to be completed until the student finishes their bachelor's degree, but any hours already completed will count toward future HSEA required hours.

4. ESSAY QUESTIONS

In order for the essay to be read and scored by the Admissions Committee, it must be *typed*.

FINAL INSTRUCTIONS

A) The completed application packet should be in ONE ENVELOPE and sent to:

SBU Physical Therapy, 1600 University Avenue, Bolivar, MO 65613

B) Applicants must be entering SBU as a first-time freshman to be eligible for consideration.

C) You are encouraged to seek advice from your PT mentor, PT admissions coordinator, and attend Pre-Physical Therapy Club meetings on a semester basis. You will receive credit toward your HSEA "scholarship" by coming to seek our consul each semester (up to 8 semesters). This will help us ensure that you are on track to enter the program and become a professional physical therapist!

D) By the end of January in the senior year of college, the HSEA student must: 1) confirm their intentions to enroll in the Physical Therapy program with the department, 2) submit a current overall graduate program application, and 3) pay a tuition deposit.

E) If you have any questions about the program or the application please contact us by calling (417) 328-1672 or emailing pt@SBU.edu.



Southwest Baptist
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Doctor of Physical Therapy

Your application packet should contain the following items:

- Application Checklist
- Letter of Reference Forms A, B, C
- Application Form
- Verification of Experience Form

If any of the above items are missing, please contact the PT Department at (417) 328-1690.

APPLICATION CHECKLIST:

Student Name: _____

Return completed application packets in one envelope with the following support materials:

_____ APPLICATION CHECKLIST

_____ SIGNED APPLICATION

_____ LETTER OF REFERENCE FORMS A, B, C

_____ ESSAY QUESTIONS

_____ VERIFICATION OF EXPERIENCE

In the space below, please provide the names of the three individuals who will be providing references for you.

Reference A (teacher): _____

Reference B (PT or healthcare provider): _____

Reference C (communication): _____

REMINDER: A separate application must be made to Southwest Baptist University through the Office of Admissions prior to the PT application.

PLEASE MAIL THE COMPLETED APPLICATION PACKET AND THIS CHECKLIST TO:

SBU Physical Therapy
1600 University Avenue
Bolivar, Mo 65613
ATTN: HSEA Application



Application for High School Early Acceptance to the DPT Program

General Instructions: Applicants must apply to Southwest Baptist University Office of Admissions prior to applying to the Physical Therapy program. Final determination of HSEA program status will not be made until the applicant is formally accepted as an incoming freshman at SBU. Please type or print neatly. Leave no spaces blank. If a question does not apply to you, enter N/A (not applicable) in the appropriate blank. All correspondence will come first through email.

SECTION I – PERSONAL INFORMATION

NAME: _____ SSN: _____

MAILING ADDRESS: _____ PERMANENT ADDRESS: _____

PHONE: _____ EMAIL: _____

SECTION II – EDUCATIONAL DATA

A. Have you previously or are you currently attending Southwest Baptist University?

YES NO If yes, from _____ to _____.

B. Please circle: ACT (*min. 24*) | SAT (*min. 1160*) | CLT (*min. 76*)

Score _____

C. List ALL high school, colleges and universities attended in chronological order.
 Official transcripts must be on file with the Office of Admissions.

Institution	Location (city and state)	Dates of attendance (mo/yr to mo/yr)	Degree granted or expected date

SECTION III – EMPLOYMENT DATA

List paid employment in chronological order if relevant to health care.
Attach additional sheets if necessary.

Name and Address of Employer	Nature of Duties	Dates of employment (mo/yr to mo/yr)

SECTION IV – VOLUNTEER SERVICE DATA

List volunteer activities in chronological order. Attach additional sheets if necessary.

Name and Address of Institution	Nature of Duties	Dates of service (mo/yr to mo/yr)	Total Hours

SECTION V – SUPPLEMENTAL DATA

1. List academic and/or non-academic awards, honors, and scholarships while in high school or subsequently. Attach additional sheets if necessary.

Name

Dates

2. List extracurricular, community, or avocational activities in which you have participated while in high school or subsequently. Do not include items already listed in the above sections.

Activity

Dates

SECTION VI – OPTIONAL INFORMATION

The following information will not be used in the selection process. However, it will be helpful to us in assessment planning.

Religious preference: _____ Marital Status: _____

Date of birth: _____ Gender: _____ TOEFL SCORE: _____
Required if English is not your native language.

United States Citizen? YES NO If no, VISA #: _____

Indicate your race by choosing one or more of the following races:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> White | <input type="checkbox"/> Mixed Race |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____ | |

Please list any special services or assistance you will require to succeed in the PT program at SBU:

(Please attach a separate sheet if necessary)

SECTION VII – CERTIFICATION

I certify that, to the best of my knowledge, all of the information given on this application and provided as support materials pertinent to this application (such as transcripts, letters of recommendation, validation of observation experience, etc.) is correct and complete, and I understand that any material omission or misinformation may void my admission or result in dismissal. I understand that my application will not be processed or retained if deemed ineligible or if not signed.

In asking for early acceptance to the physical therapy program at Southwest Baptist, I voluntarily agree, if admitted as a student, to uphold the ideals, standards, and regulations set forth by the University and to respect the principles and traditions it upholds as a church-related institution of higher learning.

I understand that by the end of January in my senior year in college, I must: 1) confirm my intentions to enroll in the Physical Therapy program with the department, 2) submit a current overall graduate program application, and 3) pay a tuition deposit.

I understand that final eligibility for awarding the HSEA is established at the point of SBU undergraduate graduation and all normal requirements must be completed at the time of recognized graduation. In order to maintain my status as an HSEA student in grad school I must not go on academic probation.

I understand that successful completion of the DPT program does not ensure that I will successfully receive licensure from the respective state agency. A professional board examination must be taken and passed, and evidence of good moral character must be demonstrated to the licensing board. Students with history of criminal records seeking to obtain a license to practice physical therapy may have to submit extra paperwork that could delay or jeopardize the application process.

I understand that I will be placed away from Bolivar, MO for clinical education experiences to complete my education. I am responsible for all housing and travel costs as well as appropriate documentation including, but not limited to criminal background checks, insurances, and immunizations.

Signature of Applicant: _____ Date: _____



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Application for High School Early Acceptance to the DPT Program

Essay Questions

Write an essay in response to the following questions:

- Why have you chosen physical therapy as your career path?
- What do you ultimately hope to accomplish professionally?
- How did you first learn about and become interested in physical therapy?
- What gifts have you been Blessed with which will enhance your contribution to the profession of physical therapy and serving the Lord?

In order for the essay to be read and scored by the Admissions Committee, it must be typed. Please attach the essay to the application and return with the rest of the application packet.

Letter of Reference Form “A” - TEACHER

To be completed by a TEACHER with knowledge of the applicant’s science and problem solving skills.

Applicant’s Full Name:

To the applicant: To be considered for acceptance, each letter of reference must be in a sealed envelope with the reviewer’s signature on the seal, and your name and “SBU Physical Therapy” on the front.

The Family Educational Rights and Privacy Act of 1974 extends to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student’s qualifications, abilities, and potential. Sign only one of the following statements indicating waiver of right to inspect this letter of reference.

I do waive my right to inspect the contents of the following recommendation and hereby inform referent that this letter will be kept strictly confidential.

I do not waive my right to inspect the contents of the following recommendation after submission to SBU.

Signature

Signature

To the evaluator: The above named individual is applying for early admission to the physical therapy program at Southwest Baptist University. Your assistance is requested to assist the physical therapy admissions committee in the selection of applicants who are best qualified to continue their education in this field. You are asked to complete this form and supply any other helpful information regarding this individual. Please feel free to comment on this individual’s strengths and limitations. If you require additional space, please attach a separate comment sheet. Thank you for your assistance.

Using the definitions on the attached page, please rate the applicant on the following, 1 being the worst and 10 being the best. Select “U” if you are unable to assess the applicant in a particular area.

Commitment to Learning	1	2	3	4	5	6	7	8	9	10	U
Interpersonal Skills	1	2	3	4	5	6	7	8	9	10	U
Communication Skills	1	2	3	4	5	6	7	8	9	10	U
Use of Time and Resources	1	2	3	4	5	6	7	8	9	10	U
Use of Constructive Feedback	1	2	3	4	5	6	7	8	9	10	U
Problem-Solving	1	2	3	4	5	6	7	8	9	10	U
Responsibility	1	2	3	4	5	6	7	8	9	10	U
Critical Thinking	1	2	3	4	5	6	7	8	9	10	U
Stress Management	1	2	3	4	5	6	7	8	9	10	U
Professionalism	1	2	3	4	5	6	7	8	9	10	U

CONTINUED ON NEXT PAGE



REFERENCE FORM A, CONTINUED

1. Do you believe this applicant is suitable for the academic rigors of an intense, comprehensive and demanding thirty-three month course of study? YES NO Yes, with reservation
Please explain your answer.
2. Assuming this person becomes a physical therapist, how would you feel about having him or her care for your acutely ill loved one?
3. Overall estimate of success in the physical therapy program at Southwest Baptist University. Please comment on your selection in the space provided. (attach separate sheet if necessary)
 Excellent Above average Average May encounter some difficulty Poor
4. How long have you known this applicant?
 0-3 months 3-6 months 6-12 months 1-2 years 2+ years
5. How do you know this applicant? (check all that apply)
 Student in large class Student in small class Student in lab course

COMMENTS:

Evaluator's name (please print)

Occupation or position

Address

Daytime phone number

Evaluator's signature

Date

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student's name and "Southwest Baptist University" written on the front.

Letter of Reference Form “B” – HEALTHCARE PROVIDER

To be completed by a HEALTHCARE PROVIDER with knowledge of the applicant’s basic clinical experience, professional values, and integrity.

Applicant’s Full Name:

To the applicant: To be considered for acceptance, each letter of reference must be in a sealed envelope with the reviewer’s signature on the seal, and your name and “SBU Physical Therapy” on the front.

The Family Educational Rights and Privacy Act of 1974 extends to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student’s qualifications, abilities, and potential. Sign only one of the following statements indicating waiver of right to inspect this letter of reference.

I do waive my right to inspect the contents of the following recommendation and hereby inform referent that this letter will be kept strictly confidential.

I do not waive my right to inspect the contents of the following recommendation after submission to SBU.

Signature

Signature

To the evaluator: The above named individual is applying for early admission to the physical therapy program at Southwest Baptist University. Your assistance is requested to assist the physical therapy admissions committee in the selection of applicants who are best qualified to continue their education in this field. You are asked to complete this form and supply any other helpful information regarding this individual. Please feel free to comment on this individual’s strengths and limitations. If you require additional space, please attach a separate comment sheet. Thank you for your assistance.

Using the definitions on the attached page, please rate the applicant on the following, 1 being the worst and 10 being the best. Select “U” if you are unable to assess the applicant in a particular area.

Commitment to Learning	1	2	3	4	5	6	7	8	9	10	U
Interpersonal Skills	1	2	3	4	5	6	7	8	9	10	U
Communication Skills	1	2	3	4	5	6	7	8	9	10	U
Use of Time and Resources	1	2	3	4	5	6	7	8	9	10	U
Use of Constructive Feedback	1	2	3	4	5	6	7	8	9	10	U
Problem-Solving	1	2	3	4	5	6	7	8	9	10	U
Responsibility	1	2	3	4	5	6	7	8	9	10	U
Critical Thinking	1	2	3	4	5	6	7	8	9	10	U
Stress Management	1	2	3	4	5	6	7	8	9	10	U
Professionalism	1	2	3	4	5	6	7	8	9	10	U

CONTINUED ON NEXT PAGE



REFERENCE FORM B, CONTINUED

1. Please describe the applicant's clinical experience as you know it.
2. Would you hire this person as a physical therapist upon completion of his/her education? Why or why not?
3. What are the applicant's greatest areas of strength relative to the clinical setting?
4. Assuming this person becomes a physical therapist, how would you feel about having him/her care for your acutely ill loved one?
5. Overall estimate of success in the physical therapy program at Southwest Baptist University.
 Excellent Above average Average May encounter some difficulty Poor
6. How long have you known this applicant?
 0-3 months 3-6 months 6-12 months 1-2 years 2+ years
7. How well do you know this applicant?
 Very well Fairly well Slightly
8. Relationship to applicant: (check all that apply)
 Supervisor for observation or volunteer work Friend of family Other: _____

COMMENTS:

Evaluator's name (please print)

Occupation or position

Address

Daytime phone number

Evaluator's signature

Date

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student's name and "Southwest Baptist University" written on the front.

Letter of Reference Form “C” – COMMUNICATION SKILLS

To be completed by someone who can comment on the applicant’s communication skills.

Applicant’s Full Name:

To the applicant: To be considered for acceptance, each letter of reference must be in a sealed envelope with the reviewer’s signature on the seal, and your name and “SBU Physical Therapy” on the front.

The Family Educational Rights and Privacy Act of 1974 extends to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student’s qualifications, abilities, and potential. Sign only one of the following statements indicating waiver of right to inspect this letter of reference.

I do waive my right to inspect the contents of the following recommendation and hereby inform referent that this letter will be kept strictly confidential.

I do not waive my right to inspect the contents of the following recommendation after submission to SBU.

Signature

Signature

To the evaluator: The above named individual is applying for early admission to the physical therapy program at Southwest Baptist University. Your assistance is requested to assist the physical therapy admissions committee in the selection of applicants who are best qualified to continue their education in this field. You are asked to complete this form and supply any other helpful information regarding this individual. Please feel free to comment on this individual’s strengths and limitations. If you require additional space, please attach a separate comment sheet. Thank you for your assistance.

Using the definitions on the attached page, please rate the applicant on the following, 1 being the worst and 10 being the best. Select “U” if you are unable to assess the applicant in a particular area.

Commitment to Learning	1	2	3	4	5	6	7	8	9	10	U
Interpersonal Skills	1	2	3	4	5	6	7	8	9	10	U
Communication Skills	1	2	3	4	5	6	7	8	9	10	U
Use of Time and Resources	1	2	3	4	5	6	7	8	9	10	U
Use of Constructive Feedback	1	2	3	4	5	6	7	8	9	10	U
Problem-Solving	1	2	3	4	5	6	7	8	9	10	U
Responsibility	1	2	3	4	5	6	7	8	9	10	U
Critical Thinking	1	2	3	4	5	6	7	8	9	10	U
Stress Management	1	2	3	4	5	6	7	8	9	10	U
Professionalism	1	2	3	4	5	6	7	8	9	10	U

CONTINUED ON NEXT PAGE



REFERENCE FORM C, CONTINUED

1. Under what circumstances have you observed this applicant's communication skills?

2. What are the applicant's greatest strengths in communication? Please relate this to both the academic and clinical environment if you are able.

3. The SBU physical therapy program is academically and personally rigorous and challenging, with the potential for significant stress and pressure. Relate the applicant's communication style and abilities to this type of environment.

4. Assuming this person becomes a physical therapist, how would you feel about having him/her care for your acutely ill loved one?

5. Overall estimate of success in the physical therapy program at Southwest Baptist University.
 Excellent Above average Average May encounter some difficulty Poor

6. How long have you known this applicant?
 0-3 months 3-6 months 6-12 months 1-2 years 2+ years

7. How well do you know this applicant?
 Very well Fairly well Slightly

8. Relationship to applicant: (check all that apply)
 Instructor Academic advisor Pastor Employer Other: _____

COMMENTS:

Evaluator's name (please print)

Occupation or position

Address

Daytime phone number

Evaluator's signature

Date

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student's name and "Southwest Baptist University" written on the front.



Verification of Experience Form

This is to certify that _____ has observed, volunteered, or worked _____ hours in this physical therapy department. The types of patient care this individual has experienced as well as other pertinent information regarding this applicant may be outlined below in the comments section.

COMMENTS:

Physical Therapist Signature

Date

Physical Therapist Name

State and PT License #

Position

Facility

Address

City, State, Zip

Phone Number