



## **Application for Doctor of Physical Therapy (DPT) Program**

EAST CAROLINA UNIVERSITY • COLLEGE OF ALLIED HEALTH SCIENCES  
Greenville, NC 27858-4353  
252-744-6238 Physical Therapy Office  
252-744-6240 fax  
[www.ecu.edu/pt](http://www.ecu.edu/pt)

---

**East Carolina University** offers an accredited graduate program in physical therapy. Enrollment is currently limited to thirty students with preference given to North Carolina residents. Students who successfully complete all of the didactic and clinical course work receive the doctor of physical therapy degree (DPT) and are qualified to sit for the licensure exam in physical therapy.

The professional curriculum is designed to prepare the graduate for licensure and the general practice of physical therapy. The program emphasizes a strong foundation in the basic sciences as well as the principles and techniques for examining and treating common physical disabilities in children and adults. The program promotes independent study, critical thinking, clinical problem solving, development of appropriate professional conduct and ethics, and the pursuit of lifelong learning and continued professional growth.

### **Admissions**

Competitive admission is based upon assessments of the applicant's academic abilities, knowledge and commitment to the profession, commitment to the health care of others, and service to society. Other attributes include effective communication skills, maturity, resourcefulness, and the ability to interact effectively with patients and other health professionals of diverse cultural backgrounds.

Admission into the physical therapy program will be based upon admission into the graduate school, completion of all required courses, and satisfactory GRE scores—verbal, quantitative and WRITING. Applicants are also encouraged to demonstrate a minimum of 100 hours exposure to the practice of physical therapy under the supervision of a licensed PT. Evidence must be presented to indicate that the required prerequisite course work will be completed and an undergraduate degree conferred before the start of the program in the summer (the 11-week session).

## Instructions

### General

All applicants must submit materials to both the Department of Physical Therapy and the Graduate School and returned to the appropriate office postmarked no later than **January 5**. **IMPORTANT!** Do **NOT** submit applications through PTCAS (Physical Therapist Centralized Application Service).

**Applications that arrive on or before December 1 will be screened at that time. Qualified applicants will be interviewed and may be offered early acceptance into the program.**

Return DPT application materials (personal data, health-related experience, pre-requisite evaluation, **reference letters, statement of purpose, and copies of all transcripts**) requested by the PT department to:

- Karen Eastwood  
College of Allied Health Sciences  
Department of Physical Therapy  
DPT APPLICATIONS  
Health Sciences Building, 2410A  
Mail Stop 668  
East Carolina University  
Greenville, NC 27858-4353

Graduate School applications can be obtained from the Graduate School, 252-328-6012; e-mail: gradschool@mail.ecu.edu. The application packet can be downloaded with instructions from [www.research2.ecu.edu/grad/](http://www.research2.ecu.edu/grad/). (**Note:** Two of the three letters of reference must be completed by licensed PTs who supervised the applicant's PT experience.) **All reference letters and the statement of purpose must be sent directly to the Department of Physical Therapy. Do NOT send reference letters or statement of purpose to the Graduate School.**)

On the Graduate School application, please select the **11-week summer session** as the term you wish to be admitted.

All Graduate School application materials **EXCEPT reference letters and statement of purpose** must be returned to:

- The Graduate School  
East Carolina University  
131 Ragsdale  
Greenville, NC 27858-4353

### Health-Related Experience

All applicants are encouraged to demonstrate a minimum of 100 hours exposure to the practice of physical therapy under the supervision of a licensed PT. On the form included in this supplemental material, please list all experiences you have had with physical therapy and/or other health-related areas.

### Pre-requisite Transcript Analysis

List all course work that satisfies the prerequisite requirements. These courses will be used to calculate a prerequisite GPA. Be sure to convert all quarter hours to semester hours.

List all prerequisite courses that remain to be completed.

Prerequisites do not have to be completed by the application deadline. Selected students who are still in school at the time of application must have all required course work and the BS or BA degree completed before the start of the program in May

(first summer session). Spring grades are expected to be consistent with those represented in the supplemental material.

### Required prerequisite courses:

General chemistry, 8 semester hours with lab  
(CHEM 1150,1151,1160,1161)

General physics, 8 semester hours with lab  
(PHYS 1250,1251,1260,1261)

Biology, 12 semester hours to include:

8 hours of biology (BIOL 1100, 1101, 1200, 1201) plus 1 semester of Human or Mammalian Physiology with lab

OR

4 hours of biology (BIOL 1100, 1101) plus 2 semesters of Human Physiology & Anatomy with lab (BIOL 2140, 2141, 2150, 2151)

College algebra or higher

Statistics

Psychology (6 semester hours)

*The above courses must be taken through their respective departments unless prior agreement has been made with the Department of Physical Therapy.*

Other recommended courses include Exercise Physiology, Kinesiology, Biomechanics, Advanced Psychology (i.e., developmental, social, learning, abnormal, aging, experimental, physiological), Introduction to Computers, Public Speaking/Oral Communication, Foreign Language, and Introduction to Sociology.

The department highly recommends further biological sciences including: General Biology II, Zoology, Physiology (Human Physiology if a biology major level), Anatomy (Human Anatomy if a biology major level), Genetics, Comparative Anatomy, Embryology, Immunology, Histology, Cytology, Cell Biology, and Cell Physiology.

### Sequence of Admissions Activities

1. Obtain and submit a Graduate School application and required materials to the Graduate School postmarked no later than **January 5**. **Note: all OFFICIAL transcripts are to be sent to the Graduate School. COPIES of transcripts are to be sent with the DPT application.**
2. Submit DPT application materials to the Department of Physical Therapy postmarked no later than **Jan. 5**.
3. All completed eligible DPT and Graduate School materials will be reviewed and screened for admission. Errors on applications will not be corrected and incomplete applications will not be evaluated and screened for admission. Failure to process a Graduate School application results in an incomplete application.
4. A selected number of applicants will be interviewed. The interview date is scheduled for the end of January. Applicants will be contacted by e-mail, phone or letter regarding interview date and time if their rankings meet the criteria in the initial screening. Please be certain that the e-mail address, telephone number and address on your application is correct. If your address and phone number change after January 5, please notify the Department of Physical Therapy.
5. All applicants will be notified of their admission status 7-10 days following interviews. The program begins with the first summer session (middle of May).



**East Carolina University**  
**Department of Physical Therapy**  
**College of Allied Health Sciences**  
**PERSONAL DATA**

Please complete this form and return it, along with all other DPT application materials, to the Department of Physical Therapy postmarked no later than **January 5**.

Term/Year you wish to be admitted \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
 Last Name First Name Middle Name

Current Mailing Address \_\_\_\_\_  
 Street City State Zip

Current Until \_\_\_\_\_ Phone No. (location where you can be contacted) (\_\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
 Street City State Zip

Permanent Phone Number (\_\_\_\_\_) \_\_\_\_\_

State of Residency \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you previously applied to our program? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**GRE SCORES: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Writing \_\_\_\_\_**

I understand that the College of Allied Health Sciences will rely upon the information submitted herein to determine my status for admission. I certify that the information in this supplemental application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

*If there are circumstances that may have an influence on your admission, which you would like for those reviewing your application to know about, please describe on a separate sheet and attach.*

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

All applicants must apply to both the College of Allied Health Sciences and the ECU Graduate School. All application materials must be returned to the appropriate offices postmarked no later than **January 5**.

**Physical Therapy application materials should be mailed to:**  
 Karen Eastwood ([eastwoodk@ecu.edu](mailto:eastwoodk@ecu.edu))  
 College of Allied Health Sciences-Dept. of Physical Therapy  
 DPT APPLICATIONS  
 Health Sciences Building, 2410A  
 Mail Stop 668  
 East Carolina University  
 Greenville, NC 27858-4353

**ECU Graduate School application should be mailed to:**  
 The Graduate School  
 East Carolina University  
 131 Ragsdale Building  
 Greenville, NC 27858



**East Carolina University**

**Department of Physical Therapy  
College of Allied Health Sciences**

**HEALTH-RELATED EXPERIENCE**

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

**• All applicants are encouraged to demonstrate a minimum of 100 hours exposure to the practice of physical therapy.**

Please list below all experiences you have had with physical therapy, and/or other health-related areas only. List the most recent first. Include, for example, knowledge of physical therapy from a family member or friend with a physical disability, interviews with licensed therapists, tour of a PT department, volunteer work in a physical therapy or health profession, or part-time or full-time paid experience in a physical therapy or health profession. Be sure to indicate whether work experience was volunteer or paid and be specific in listing your title (i.e., technician, assistant, or volunteer), duties and responsibilities. (Use an additional sheet if needed.)

Name /Address / Telephone of Facility	Dates of Experience	Total Number of Hours	Supervisor

Duties and Responsibilities

Name /Address / Telephone of Facility	Dates of Experience	Total Number of Hours	Supervisor

Duties and Responsibilities

Name /Address / Telephone of Facility	Dates of Experience	Total Number of Hours	Supervisor

Duties and Responsibilities





**East Carolina University**  
**Department of Physical Therapy**  
**College of Allied Health Sciences**  
**PRE-REQUISITE EVALUATION**

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

*If an institution was on a quarter hr. system, convert from quarter hr. to semester hr. by referring to the conversion scale below.*

- |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 quarter hr – 0.7 semester hour    | 4 quarter hrs. – 2.7 semester hours | 7 quarter hrs. – 4.7 semester hours |
| 2 quarter hrs. – 1.3 semester hours | 5 quarter hrs. – 3.3 semester hours | 8 quarter hrs. – 5.3 semester hours |
| 3 quarter hrs. – 2.0 semester hours | 6 quarter hrs. – 4.0 semester hours | 9 quarter hrs. – 6.0 semester hours |

**PRE-REQUISITE COURSES \*\* (Please refer to the Evaluation Guide on next page)**

Course	Course Prefix	Course Number	Date Completed	College or University	Semester Hours	Your Grade
General Biology 1: <i>Lecture</i>						
<i>Lab</i>						
General Biology 2: <i>Lecture</i>						
<i>Lab</i>						
Human or Mammalian Physiology 1: <i>Lecture</i>						
<i>Lab</i>						
<b>-OR-</b>						
General Biology 1: <i>Lecture</i>						
<i>Lab</i>						
Anatomy/Physiology 1: <i>Lecture</i>						
<i>Lab</i>						
Anatomy/Physiology 2: <i>Lecture</i>						
<i>Lab</i>						
General Chemistry: <i>Lecture</i>						
<i>Lab</i>						
<i>Lecture</i>						
<i>Lab</i>						
General Physics: <i>Lecture</i>						
<i>Lab</i>						
<i>Lecture</i>						
<i>Lab</i>						
Psychology:						
Math:						
Statistics:						

**DEFICIENCIES IN PRE-REQUISITE COURSE HOURS**

Course	Semester Hours	Expected Date of Completion

## **\*\* Evaluation Guide**

Pre-requisites do not have to be completed by the application deadline. Selected students who are still in school at the time of application must have all required course work and the BS or BA degree completed before the start of the program in May (first summer session). Spring grades are expected to be consistent with those represented in the application. All sciences (biology, chemistry, & physics) must be taken through the respective department.

- **Biology** – Twelve semester hours to include:  
8 hours of biology (BIOL 1100, 1101, 1200, 1201)\* plus 1 semester of Human or Mammalian Physiology with lab  
**OR**  
4 hours of biology (BIOL 1100, 1101)\* plus 2 semesters of Human Physiology & Anatomy with lab (BIOL 2140, 2141, 2150, 2151)\*
- **General Chemistry** - Eight semester hours with lab in general chemistry courses are required. (CHEM 1150,1151,1160,1161)\*
- **General Physics** - Eight semester hours are required with a lab. (PHYS 1250,1251,1260,1261)\*
- **Psychology** - Six semester hours are required in a psychology course.
- **Math** - Three semester hours in college algebra or higher are required.
- **Statistics** - Three semester hours are required in a statistics course.

\*Courses listed are ECU courses. For **Prerequisite Course Numbers for Other North Carolina Universities**, go to the PT Admissions webpage: <http://www.ecu.edu/pt/admission.cfm>



# REFERENCE FORM FOR APPLICANTS TO THE GRADUATE SCHOOL AT EAST CAROLINA UNIVERSITY

**To the Applicant:** Please check your program description in the *Graduate School Program Information* booklet to determine if your program requires a recommendation from specific people other than those described in the application instructions. Section I of this form must be completed before you give it to the person who will make your recommendation. **Note: This form must be returned in an unopened, signed, and sealed envelope with your application packet.**

## SECTION 1

To be completed by the applicant. (Please print or type except for your signature.)

Applicant's Name \_\_\_\_\_

Graduate program to which you are applying \_\_\_\_\_

Degree Sought \_\_\_\_\_

Name of Reference \_\_\_\_\_

**To be read by both the applicant and the reference:** Under federal regulations, students enrolled at East Carolina University have access to their admissions records, including letters of recommendation. However, students may waive the right to see letters of recommendation, whereupon such letters are held in confidence. If the applicant does not waive this right, the reference should understand that upon admission, the student may request to see this letter. This waiver does not affect consideration of the application for admission.

This reference will be:      Held in confidence       Open to my review upon admission

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 2

To be completed by the reference. (Please print or type except for your signature.)

**To the reference:** This applicant has requested that you serve as a reference for his or her admission to the Graduate School of East Carolina University. Your recommendation is an important part of the admissions process. We encourage you to give careful thought to your appraisal of the applicant as you complete the following four sections.

1. How well and in what context do you know the applicant? \_\_\_\_\_

2. Using the scale provided, carefully evaluate the applicant in each characteristic listed below. Please compare the applicant to other graduate school applicants that you have known during your professional career. If you lack knowledge to make a definite rating, please check the "Unable to Judge" box. Thank you for your cooperation.

	Below Average	Average	Above Average	Superior (Top 10%)	Unable to Judge
Breadth of general knowledge					
Knowledge in area of proposed study					
Ability to communicate in writing					
Ability to express ideas orally					
Ability to analyze a problem and formulate a solution					
Motivation					
Ability to work with others					
Responsibility					
Ability to accept constructive feedback					

3. We are especially interested in your comments regarding the applicant's scholarship, personality, character, and any other factors related to the applicant's promise in a graduate program. Please use the space provided or attach a formal letter on your letterhead to compose a statement addressing these attributes.

4. Summary evaluation (Check where appropriate.)

I do not recommend this applicant for admission to your graduate program.

I recommend this applicant for admission and believe his/her performance should be comparable to most other graduate students.

I feel that this applicant's qualifications are marginal, but the applicant has potential and would benefit from study in your graduate program.

I strongly recommend this applicant for admission and believe him/her to have the ability to perform at a superior level.

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Institution/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip Code

Daytime Telephone Number \_\_\_\_\_

After completion of this evaluation, please insert the form in an envelope, seal and sign it, and return the envelope to the applicant. Please return this form promptly to allow the applicant sufficient time to meet the Graduate School admission deadline. The applicant will submit the unopened, sealed envelope with the application packet. **Thank you for your time and consideration.**



## STATEMENT OF PURPOSE FORM FOR APPLICANTS TO THE GRADUATE SCHOOL AT EAST CAROLINA UNIVERSITY

**To the applicant:** Please type (single space) a personal narrative on this form addressing your academic and professional goals and why you are seeking instruction in your chosen graduate program. The narrative should include a description of your expectations of the program, as well as any related qualifications that you possess, including talents, skills (e.g., computer literacy, etc.), collegiate and professional accomplishments, community activities, and any other substantial personal achievements. This is an opportunity for you to demonstrate your writing skills.

**Note:** Some programs require that this essay address specific questions and topics. If your program requires a supplemental application, please consult it for any specific instructions regarding this essay.

