

# Lebanon Valley College

## Application for Admission

to the Professional Phase of the  
Doctor of Physical Therapy Program

101 North College Avenue, Annville, Pennsylvania 17003-1400  
1-866-LVC-4ADM (1-866-582-4236) • 717-867-6181

**[www.lvc.edu](http://www.lvc.edu)**

# Lebanon Valley College

## Application Procedures

Students who have completed a bachelor's degree or who will complete a bachelor's degree by May 2010 may apply to the Professional Phase of the Doctor of Physical Therapy Program. Candidates must have a minimum 3.0 overall GPA and a 2.5 science GPA as well as submit all of the documents listed below by February 1, 2010. Applicants will be notified of decisions by March 1, 2010.

- Complete, sign, and date the application.
- Submit, by check or money order made out to Lebanon Valley College, the non-refundable \$50 application fee.
- Submit an official copy of your college transcript(s) to LVC.

Visit [www.lvc.edu](http://www.lvc.edu) for information about Lebanon Valley College and [www.lvc.edu/physical-therapy/index.aspx](http://www.lvc.edu/physical-therapy/index.aspx) for information about the Doctor of Physical Therapy Program.

U.S. citizens or U.S. permanent residents who wish to be considered for financial aid must file the Free Application for Federal Student Aid (FAFSA) and the LVC Institutional Data Form. Visit [www.lvc.edu/financial-aid](http://www.lvc.edu/financial-aid) for more information.

You can arrange a campus visit by contacting the Admission Office at 717-867-6181, toll free at 1-866-LVC-4ADM, or online at [www.lvc.edu/admission.visit.aspx](http://www.lvc.edu/admission.visit.aspx). The admission office hours are:

Monday – Friday (summer)  
8 a.m. – 4 p.m.

Monday – Friday (academic year)  
8 a.m. – 5 p.m.  
Saturday by appointment



## FAMILY DATA

Please provide information for the family member with whom you live or most recently lived.

Check as appropriate:  Spouse  Father  Stepfather  Mother  Stepmother

Name \_\_\_\_\_  
LAST/FAMILY FIRST/GIVEN MIDDLE

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP/POSTAL CODE COUNTRY

HOME PHONE E-MAIL ADDRESS BEST WAY TO CONTACT

OCCUPATION EMPLOYER WORK PHONE

COLLEGE (IF ANY) DATES OF ATTENDANCE DEGREE

## ALUMNI CONNECTIONS

List friends and/or relatives by name who attend or have attended Lebanon Valley College and have influenced your interest in LVC.

NAME RELATIONSHIP TO YOU DATES OF ATTENDANCE

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## COLLEGE EDUCATIONAL DATA

COLLEGE \_\_\_\_\_

CITY/STATE/COUNTRY DATES OF ATTENDANCE

DEGREE HELD OR EXPECTED DATE DEGREE RECEIVED OR EXPECTED

COLLEGE \_\_\_\_\_

CITY/STATE/COUNTRY DATES OF ATTENDANCE

DEGREE HELD OR EXPECTED DATE DEGREE RECEIVED OR EXPECTED

# HIGH SCHOOL EDUCATIONAL DATA

HIGH SCHOOL ATTENDED \_\_\_\_\_ GRAD. YEAR \_\_\_\_\_ CEEB CODE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

## HONORS

Briefly describe any scholastic distinctions or honors you have achieved during your academic career.

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## ADDITIONAL INFORMATION

How did you first hear about Lebanon Valley College? \_\_\_\_\_

Describe any information that you feel the Physical Therapy Admission Advisory Committee should know about you before considering your application for admission to Lebanon Valley College.

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In signing this application, I signify the information provided is, to the best of my knowledge and belief, accurate and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### SUPPLEMENTAL INFORMATION

Your participation is optional, but this information is necessary for the submission of governmental reports and to meet individual student needs. This information will not affect the admission decision.

Do you consider yourself to be Hispanic/Latino?  Yes  No

In addition, select one or more of the following racial categories:

- American Indian or Alaska Native       Black or African American       White  
 Asian       Native Hawaiian or other Pacific Islander

## Prerequisite Verification Form

Applicant's Name: \_\_\_\_\_ GPA: \_\_\_\_\_

Pre-Requisites Required	Course Number	Course Grade	Number of Credits	*If not completed: Date Plan to Complete
General Biology I				
General Biology II				
Principles of Chemistry I				
Principles of Chemistry II				
General Physics I				
General Physics II				
Statistics				
Psychology				
Sociology or Anthropology				
Anatomy				
Physiology				

# LEBANON VALLEY COLLEGE

## Department of Physical Therapy

### Doctor of Physical Therapy: Documentation of Clinical Hours Form

#### To Be Completed By Student

**Instructions:** Complete this section prior to giving to your supervising physical therapist where you completed your clinical hours. Hours may be volunteer or through employment. All clinical hours must be documented on this form and submitted to Admissions at the time of application to the program. **Pre-Admission observation requirements:** A total of 30 hours direct observation of the physical therapy profession in ***two different*** experiences (at least 15 hours at each site).

Name	<b>Experience:</b> Circle one of the following experiences/settings Out-patient   Acute Care   Sports PT   Industrial PT   Pediatrics Extended Care/Nursing Facility   Home Health Rehabilitation Hospital   School-based PT	
Home Address		
City	State	Zip
Home Phone	Advisor Name (N/A for prospective students)	

Name of PT Facility		
Address		
City	State	Zip
Check the appropriate selection	_____ Volunteer	_____ Employee
Observational experience		

#### To Be Completed By Supervisor

Thank you for allowing our student the observational experience provided.

**Instructions:** Please verify the facility information above and complete the information below.

The student named above completed _____ hours of observational experience between the dates of _____ & _____.
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Name (please print)	Date:
Position:	Phone Number:
Signature	E-mail

# LEBANON VALLEY COLLEGE

## Department of Physical Therapy

### Doctor of Physical Therapy: Documentation of Clinical Hours Form

#### To Be Completed By Student

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