



**University of Michigan-Flint
Clinical Physical Therapy Certificate**

Supplemental Application Form

| |
|-----------------------|
| -For Office Use Only- |
| ID: _____ |
| Term: _____ |
| PTPP |

This application form is required *in addition to* the **Application for Graduate Admission** that can be submitted online (www.umflint.edu/graduateprograms) or on paper. Please complete this form and mail or fax it to:

University of Michigan-Flint
Office of Graduate Programs, 251 Thompson Library
303 E. Kearsley St.
Flint, MI 48502-1950
Fax: (810) 766-6789

1. Name _____
(please print) Last First Middle

2. Birthdate _____
MM/DD/YYYY

3. Term and year of proposed first enrollment:

- Fall (Sept.) _____ (year)
- Spring (May) _____ (year)

4. Select the certificate/residency you are applying to:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cardiovascular and Pulmonary | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Pediatrics | |

5. Was an independent research project required as part of your DPT degree?

- Yes, please state the title of your research project:

- No

6. Are you currently a member of the APTA?

- Yes, member number: _____
- No

7. Are you currently licensed to practice physical therapy in the USA?

- Yes, indicate state and license number: _____
- No, are you eligible for licensure in the USA?
 - Yes
 - No

8. Are you ABPTS board certified in a clinical specialty?

- Yes, give the specialty and date of certification: _____
- No

9. Current and Past PT Employment (attach an additional sheet if necessary; if not currently employed, please state that on the top line):

| Employer Name, City/State, and Phone Number | Job Title and Employment Dates | Where were the majority of patients along the continuum of care? (from Prevention/Wellness through Hospice) | Type of Setting (from School System to Nursing Home) | Hours per Week |
|---|--------------------------------|---|--|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. **Statement of Purpose:** Attach or submit separately a career statement. It should be typed and double-spaced. Please use the following questions, as they relate to your clinical/academic circumstances, to assist in the preparation of your career statement:

1. What are your professional goals or objectives related to advanced practice?
2. How do you plan to accomplish these goals?
3. How will the Certificate/residency program at UM-Flint facilitate the accomplishment of your professional goals in advanced practice?
4. How will you contribute to the physical therapy profession related to your area of advanced practice?

11. **Letters of Recommendation:** 2 recommendations are required. We strongly suggest that you include individuals who are able to comment on your academic and clinical abilities, such as a former supervisor or instructor from an accredited physical therapy program and/or a physician you have worked with in the past.

12. **License or Eligibility:** You must also submit a copy of your current Physical Therapy license from the United States or Canada as part of your application materials. If not licensed, you must submit proof of eligibility or a copy of a credential review.

I certify that all the information given in this application is true and complete. I understand the University of Michigan may verify any information I have provided. Falsification or omission of information or credentials may result in the withdrawal of my application or in the revocation of admission. I understand all credentials and documents I submit become the property of the University of Michigan.

Signature _____

Date _____