Instructions for the Application for Physical Therapy Bridge to U.S. Credentialing Program

Who may submit this application form?
Students who have a physical therapy degree who wish to fulfill the educational requirements to obtain PT licensure in the United States and wish to take graduate courses without being formally admitted to a UM-Flint degree or certificate program should complete this form.

General Policies
Read the policies regarding Lifelong Learning admission in the University Catalog or the Graduate Programs Web site at http://www.umflint.edu/graduateprograms/admissions/lifelong-learning.page. Please note that graduate Lifelong Learning students are not eligible for most sources of financial aid.

Steps in the Application Process
A. Submit application materials to the Office of Graduate Programs, University of Michigan-Flint, 303 E. Kearsley St., Flint, MI 48502-1950:
   a. Application for Physical Therapy Bridge to U.S. Credentialing Program
      [can be emailed to graduate@umflint.edu or faxed to 810-766-6789]
   b. One of the following:
      i. A transcript with physical therapy degree posted. If the degree is not posted on the transcript, a copy of the certificate of graduation or diploma indicating conferral of the degree and the date it was conferred is also required.
      OR
   c. Applicants whose native language is not English must demonstrate English proficiency through one of the following methods:
      • Take the Test of English as a Foreign Language (TOEFL), the International English Language Testing System (IELTS) test, the Michigan English Language Assessment Battery (MELAB) or Examination for the Certificate of Proficiency in English (ECPE). Scores must be no more than two (2) years old. The minimum acceptable scores are as follows:
        o TOEFL paper based test: 560
        o TOEFL Internet-based test: 84
        o IELTS: 6.5
        o MELAB: 80
        o ECPE: Certificate of proficiency
      OR
      • Provide an official transcript showing one of the following: a degree earned at an accredited U.S. college or university OR a degree earned at a foreign institution where the language of instruction was exclusively English OR successful completion (‘C’ or higher) of ENG 111 or ENG 112 or its equivalent.
B. The Physical Therapy Department will be provided with your application materials and make a decision on your admission.
C. The Office of Graduate Programs will issue an email and letter of admission if you are accepted.
D. Once admitted to the university, register for the courses as advised by the Physical Therapy Department. You will register using the Student Information System (SIS) during the open registration period. After the open registration period has ended, you must register by submitting a registration form to the Office of the Registrar.
Application for Physical Therapy Bridge to U.S. Credentialing Program

Students who have a physical therapy degree and wish to take graduate courses in order to fulfill requirements for U.S. PT licensure without being formally admitted to a UM-Flint degree program use this application. Please submit this application with any required supporting documents. Refer to the instructions for further information. An application fee is not required.

Please type or print legibly in ink.

UMID (if you have one) __________________________ U.S. Social Security Number (optional) __________________________

SECTION I. Application Information

Proposed Term/Year of Enrollment:
Terms of entry are Fall (September), Winter (January), and Spring (May)

SECTION II. Personal Information

<table>
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<tr>
<th>Last Name (Family Name/Surname)</th>
<th>First (Given) Name</th>
<th>Middle Name</th>
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Preferred First Name __________________________

Previous names you used on prior academic records ______________________________________________________

Current Mailing Address Line 1 __________________________________________________________

Current Mailing Address Line 2 __________________________________________________________

City __________________________ State/Province __________________________ Zip/Postal Code __________________________ Country if not U.S. __________________________

Home Telephone __________________________ Mobile Telephone __________________________

Permanent Mailing Address

City __________________________ State/Province __________________________ Zip/Postal Code __________________________ Country if not U.S. __________________________

Gender: _____ Male _____ Female

Date of Birth (MM/ DD/ YYYY) __________________________

Birthplace (City and State or Country) __________________________

E-Mail __________________________

If you have an address different from your permanent address, please provide it below.

Permanent Mailing Address __________________________________________________________

City __________________________ State/Province __________________________ Zip/Postal Code __________________________ Country if not U.S. __________________________

Citizenship Status: _____ U.S. Citizen _____ U.S. Permanent Resident Registration Number A __________________________

_____ Non-U.S. Citizen; Country of Citizenship __________________________

Visa Type: _____ Student Visa _____ Other Visa; Type __________________________

Native Language if not English: __________________________

If your native language is not English, please indicate how you plan to demonstrate English proficiency: __________________________________________________________

Race/Ethnicity The information requested below is optional and will not be used for admissions/hiring purposes. It will be used to satisfy federal reporting requirements and may be used for other purposes allowed by law.

Please indicate whether you consider yourself to be Hispanic or Latino:

_____ No, not Hispanic or Latino.

_____ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

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

_____ American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Black or African American: a person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
U.S. Military Service
Are you serving or have you served in the U.S. Military (including National Guard and Reserve Components)?  ___Yes ___No
Are you eligible to receive education benefits through the Department of Veterans Affairs? ___Yes ___No
Are you the spouse or dependent of someone who is serving or has served in the U.S. Military? ___Yes ___No

Residency: Please read the “University of Michigan Guidelines for Qualifying for In-State Tuition” at http://ro.umich.edu/resreg.php before completing this section.
___ Michigan Resident, since ____________________________ (Month, Year)
___ Non-Michigan Resident

SECTION III. Education
List all institutions from which you have received or will receive a degree and any post-secondary institutions you are currently attending. Attach an additional sheet if necessary.

Institution A
Institution Name ____________________________ Location ____________________________
Dates Attended ____________________________
Degree/Diploma ____________________________ Degree Date ____________________________

Institution B
Institution Name ____________________________ Location ____________________________
Dates Attended ____________________________
Degree/Diploma ____________________________ Degree Date ____________________________

SECTION IV. Employment
Beginning with the most recent, list employers (including homemaking and work related to your field of specialization). Information given must cover the last three-year period unless reported under “Education.”

<table>
<thead>
<tr>
<th>Employer/Employer City and State or Country</th>
<th>Employment Dates (From-To)</th>
<th>Position/Title</th>
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SECTION V. Additional Information
Have you ever been expelled, suspended, or placed on probation by any secondary school or college you attended for academic dishonesty or because of an offense that harmed or had the potential to harm others?  ___Yes ___No

Have you ever been convicted of a criminal offense other than a minor traffic violation, or been found to be delinquent by a juvenile court, or are there such charges currently pending against you at this time?  ___Yes ___No

If you answer yes to either of these questions, you must submit a full explanation.

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, financial reward, or registration. I understand that all credentials I submit become the property of the University of Michigan.

As a graduate physical therapy student in the Bridge to U.S. Credentialing program, I understand the following:
• I am not eligible for most sources of financial aid.
• I am only able to enroll in graduate physical therapy courses as authorized by the Physical Therapy Department.
• In general, I may not apply more than six (6) graduate credit hours elected as a graduate Lifelong Learning student toward a UM-Flint graduate degree.
• Electing courses as a graduate Lifelong Learning student does not guarantee admission into a UM-Flint graduate program.

Signature ___________________________________________ Date ____________________________
Print Name ____________________________________________

Return to: Office of Graduate Programs, University of Michigan-Flint, 303 E. Kearsley St., Flint, MI 48502-1950