

Northwestern Undergraduate Pre-Physical Therapy Scholars Program (NUPPT-SP)

Application Requirements

1. Completed application form
2. Personal statement: a two-page (11-12 font, double-spaced) essay describing your motivation for becoming a physical therapist, how you have tested your interest in human movement science, and why you would like to be accepted in the NUPPT-SP program
3. A Physical Therapy Experience Form for each PT experience completed
4. Official Northwestern University transcript
5. A letter of recommendation from a Northwestern faculty member who has taught you
6. A letter of recommendation from a physical therapist with whom you have worked

Application Instructions

1. Download this form and complete in full, including one Physical Therapy Experience Form for each PT experience you have completed.
2. Mail or email the application forms and your personal statement to the address below by April 1.
3. Provide the NUPPT-SP Recommendation Form to your recommenders. Recommendations must be received by April 1.
4. Submit an official copy of your Northwestern University transcript to the address below (official electronic transcripts may be sent to dpt-admissions@northwestern.edu).

Office of Admissions
Department of Physical Therapy and Human Movement Sciences
Northwestern University, Feinberg School of Medicine
645 N. Michigan Ave, Suite # 1100
Chicago, IL 60611

Email: dpt-admissions@northwestern.edu

III. Extracurricular Activities & Experience

Please list any research, clinical, community, and/or international experiences or activities (undergraduate only):

Experience(s)/Organization(s); Your Title/Role	Date(s) or Hours/Week	Description

IV: Work Experience

Please list any former or current employment (undergraduate only):

Organization(s); Your Title/Role	Date(s) or Hours/Week	Description

V. Recommendations

Please list the names of your recommenders. Be sure to provide recommendation forms (available below or on the NUPT website) to your recommenders for submission by April 1.

Recommender 1:

FIRST NAME LAST NAME

Recommender 2:

FIRST NAME LAST NAME

VI. Signature

To the best of my knowledge, the information submitted in this application form is true, accurate, and complete. I understand that my full application packet is due by April 1.

Signature: _____

Date: _____

**Northwestern Undergraduate Pre-Physical Therapy Scholars Program (NUPPT-SP)
Doctor of Physical Therapy (DPT) Application**

Physical Therapy Experience

(please complete a separate form for each PT experience)

Facility Name: _____

Facility Address: _____
STREET, CITY, STATE, ZIP, COUNTY

Supervising Physical Therapist

Name: _____ PT License #/State: _____

Email: _____ Phone: _____

Experience

Paid Date(s): _____
 Volunteer Hours Completed: _____

Setting *(check all that apply)*

- Acute Care
- Rehab/Sub-Acute Rehab
- Extended Care/Nursing Home
- Outpatient Clinic
- School/Pre-School
- Wellness/Prevention/Fitness
- Industrial/Occupational Health
- Home Health
- Other: _____

Specialty Area(s) Observed *(check all that apply)*

- Cardiovascular & Pulmonary
- Clinical Electrophysiology
- Geriatrics
- Integumentary (wound management)
- Neurology
- Pediatrics
- Sports
- Women's Health
- Other: _____

**Northwestern Undergraduate Pre-Physical Therapy Scholars Program (NUPPT-SP)
Doctor of Physical Therapy (DPT) Recommendation Form**

Recommender Information

Name: _____ Phone: _____
 Title: _____ Email: _____
 Department: _____ Date: _____

Name of the Applicant: _____
 How long have you known the applicant? _____
 How well do you know the applicant? _____
 Please list all courses in which you taught the applicant: _____

Please rate the applicant for the following:

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Observed
Commitment to Learning						
Interpersonal Skills						
Communication Skills						
Effective Use of Time						
Use of Constructive Feedback						
Ethical/Professional Behavior						
Responsibility						
Critical Thinking						
Stress Management						
Problem Solving						
Leadership						

Taking these characteristics into consideration, please check the recommendation below indicating how you believe this applicant would perform as a health care provider.

- I highly recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider, but with some reservations.
- I am not able to recommend this applicant as a health care provider.

Please send this recommendation form and an optional letter of recommendation in support of the applicant no later than April 1 to:

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 Northwestern University, Feinberg School of Medicine
 645 N. Michigan Ave, Suite # 1100
 Chicago, IL 60611