



## Doctor of Physical Therapy Supplemental Application

NAME: \_\_\_\_\_ WKU ID Number: \_\_\_\_\_  
Last First Middle/Maiden

ADDRESS: \_\_\_\_\_  
Street City State Zip

Provide a summary of the Physical Therapy Experiences you have had by completing the following table. Describe the **Physical Therapy Setting** with the following options: Acute Care, Rehab / Sub Acute Rehab, Extended Care, Outpatient, School / Pre-school, Industrial / Occupational Health, or other (if other, briefly describe). Items to address in the **Brief Description** include, the patient populations frequently seen (Cardiovascular and Pulmonary, Geriatrics, Neurology, Orthopaedics, Pediatrics, Sports, Women’s Health, or other), therapy related activities performed or observed, and other noteworthy experiences.

### Physical Therapy Experience

<i>Setting</i>	<i>Brief Description of Experience</i>	<i>Date(s)</i>	<i>Total Hours</i>	<i>Paid or Unpaid</i>

Provide a brief description of any non-Physical Therapy related work experiences you have had by completing the following table. Items to address in the **Brief Description** include your duties, responsibilities, tasks, promotions, etc.

### Non-Physical Therapy Work Experience

<i>Name of Organization</i>	<i>Date(s)</i>	<i>Hours</i>	<i>Brief Description (duties, responsibilities, tasks, promotions, etc. )</i>



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Provide a brief description of University Activities and Community Service that you have participated in. This could include college, community, religious, or other groups, clubs, or activities that you have been involved with.

### University Activities and Community Service

<i>Name of Organization</i>	<i>Date(s)</i>	<i>Hours</i>	<i>Brief Description (activities, positions held, responsibilities, etc.)</i>

Provide a brief description of any Honors or Awards that you have received.

### Honors and Awards

<i>Name of Organization</i>	<i>Name of Honor / Award</i>	<i>Brief Description</i>



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Provide a **Personal Statement** of approximately 300 words describing your professional goals and reasons for seeking graduate education in physical therapy at WKU.

Complete this form, save it with your last name in the file name, and E-mail it to:

[graduate.studies@wku.edu](mailto:graduate.studies@wku.edu)  
Office of Graduate Studies  
Western Kentucky University  
1906 College Heights Blvd. # 11010  
Bowling Green, Kentucky 42101-1036  
Fax: 270-745-6950