



## ***DPT Program Disclosure Form***

The purpose of the form is to review certain facts described during the admissions process in an effort to prevent any misunderstanding by our students. Please read the following information regarding your education process and sign your initials at the end of each paragraph to indicate your understanding of and agreement to each item. When you have finished reading the entire form, please sign your name in the space provided at the bottom.

**HOUSING AND JOBS WHILE ATTENDING SDSU:** Although employment from local businesses and housing in the immediate area of the University may be available, the University has not guaranteed me employment or housing. Because of the demands of full time professional education in general, and the DPT program specifically, it is recommended that students do not plan to work full time during the didactic portion of the program, and not at all during clinical affiliations.

**FINANCIAL ASSISTANCE:** As with any university, student loans and/or grants are made available depending upon the financial information provided by the applicant. The University has not guaranteed that I will receive a loan or a grant. If I receive a loan, I understand that I will be responsible for repaying the loan.

**HEALTH INSURANCE:** I understand that I must have health insurance while enrolled as a student in the DPT program and must provide proof of insurance. I understand that I am responsible for all associated costs. Failure to show proof of insurance may result in disciplinary action up to and including dismissal from the program.

**GRADUATE BULLETIN:** I understand that the Graduate Bulletin has terms and conditions regarding my education. The Graduate Bulletin is available through the [www.SDSU.edu](http://www.SDSU.edu) website, and before beginning class I will read the catalog and agree to abide by its contents.

**ATTENDANCE:** The University requires daily attendance as an important part of your training program. Students failing to maintain satisfactory attendance requirements for their courses are subject to administrative actions, which may include probation, suspension from school, or denial of graduation. The attendance policy is contained in the DPT Student Handbook.

**CRIMINAL BACKGROUND CHECK AND DRUG TESTING:** I am aware that I will be required to undergo a criminal background check and possibly drug screening prior to being allowed to participate in clinical rotations. I understand that a record of criminal behavior may preclude me from being able to participate in clinical education at most if not all facilities and may prevent me from being employed. I understand that should I be prohibited from attending a clinical rotation at a clinical facility due to findings on my drug screening or criminal background check, I may be dismissed from the DPT Program.

**CLINICAL EDUCATION REQUIREMENTS:** Clinical rotations and internships are an integral part of the curriculum and may require that a student temporarily relocate. *I understand that I may, and most likely will, have to leave the local area, or the State, for any or all clinical affiliations.* I am aware that I am responsible for the cost of the travel and other related expenses.

Students will be required to meet all requirements outlined in the Clinical Education Handbook on "Immunizations, Certifications, and Related Requirements" by the conclusion of their second semester. Failure to comply with these requirements can lead to dismissal from the program. I understand that I will receive access to the Clinical Education Handbook during orientation, and before beginning class, I will read the Handbook and agree to abide by its contents. This information is available on the website.

**COMPUTER REQUIREMENTS:** All students will be expected to have laptop computers. Please visit the website or contact the school for specific requirements.

**CORE PERFORMANCE STANDARDS:** Core Performance Standards are divided into two parts; Technical Standards and Professional Behaviors. As part of the application process applicants will be required to review the Technical Standards required for the program, and self-report if any questions exist regarding ability to meet these standards. Students will be introduced to the Professional Behaviors in their first semester. The Core Performance Standards are available for review on the SDSU web site.

**ACCREDITATION Information Required by the State of California:**

1. The entry level DPT program is pending accreditation by a regional and national accrediting body recognized by the United States Department of Education. It must be clear that the school is not accredited.
2. If the program is not approved by CAPTE, and the student wishes to continue with their physical therapy education, the student will be required to continue their entry level DPT program at another University such as Cal State Long Beach or Texas State University, not at SDSU.
3. If CAPTE does not approve SDSU for national accreditation, the student may have spent three years of training at an institution that is not accredited. They may not be eligible to obtain licensure in their state as a Physical Therapist without CAPTE accreditation.
4. Student loan or other financing may be affected by the change in institutions.

**ACCREDITATION Information Required by the Commission on Accreditation in Physical Therapy Education (CAPTE):**

The Doctor of Physical Therapy (entry-level) program has been granted Candidate for Accreditation status by the [Commission on Accreditation in Physical Therapy Education](#) of the American Physical Therapy Association (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245 email: [accreditation@apta.org](mailto:accreditation@apta.org)). Candidacy is not an accreditation status nor does it assure eventual accreditation. Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program is progressing toward accreditation.

*By signing my name in the space provided below, I verify that I have read, fully understand, and agree with the statements contained in this disclosure form.*

Student  
Signature:

Date:

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