

**DOCTORAL PROGRAM IN PHYSICAL THERAPY**  
**Student Handbook Signoff Form**

Student Name \_\_\_\_\_

Class of \_\_\_\_\_

Please initial each section of the handbook when you have completed reviewing it.

- \_\_\_\_\_ 1. Professional Education and Behavior
  - \_\_\_\_\_ a. General Information
  - \_\_\_\_\_ b. Professional Conduct
  - \_\_\_\_\_ c. Academic Integrity
  - \_\_\_\_\_ d. Plagiarism
  - \_\_\_\_\_ e. Standards of Practice for Physical Therapy APTA
  - \_\_\_\_\_ f. Professionalism in Physical Therapy: Core Values
  - \_\_\_\_\_ g. APTA Code of Ethics
  - \_\_\_\_\_ h. Professional Behaviors for the 21<sup>st</sup> Century
  - \_\_\_\_\_ i. Essential Functions and Technical Standards
  
- \_\_\_\_\_ 2. Program Curriculum Philosophy
  
- \_\_\_\_\_ 3. Educational Model
  
- \_\_\_\_\_ 4. Program Mission; Program Goals; and Student Learning Outcomes
  
- \_\_\_\_\_ 5. Curriculum Summary and Outline
  
- \_\_\_\_\_ 6. Faculty - Statements and Roles
  
- \_\_\_\_\_ 7. College and School Structure
  
- \_\_\_\_\_ 8. Guidelines and Procedures for PT Classroom and Laboratory Activities/Attendance
  
- \_\_\_\_\_ 9. Outside Activities and Work Schedules
  
- \_\_\_\_\_ 10. Grading Policies
  
- \_\_\_\_\_ 11. Policy on Course Waivers
  
- \_\_\_\_\_ 12. Policy on Completion of Undergraduate Degree
  
- \_\_\_\_\_ 13. Policy on Student Records
  
- \_\_\_\_\_ 14. Academic Standing
  
- \_\_\_\_\_ 15. Clinical Education

- \_\_\_\_\_16. Scholarships and Financial Aid
- \_\_\_\_\_17. Estimated Expenses
- \_\_\_\_\_18. Advising Procedures and Policies; Portfolio Guidelines and Forms for Annual Reviews
- \_\_\_\_\_19. Accreditation
- \_\_\_\_\_20. Affirmative Action
- \_\_\_\_\_21. University Library Resources
- \_\_\_\_\_22. Student Research or Case Report Requirements
- \_\_\_\_\_23. Process for Submitting Concerns/Complaints

**Student Handbook Review Statement**

I have read and understand the information provided in the **Student Handbook for the Class of 2015**, for the Doctoral Program in Physical Therapy at CMU, and agree to abide by the policies and procedures outlined in the Handbook.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Potential Risks Review Statement**

I have read the section of the DPT Student Handbook describing “Potential Risks Associated with Classroom Activities and Learning Experiences in the PT Program,” and acknowledge that these risks are present. I understand that policies, procedures, and instructions have been established to minimize risks and I agree to abide by any and all policies, procedures, and instructions that would enable me to personally reduce risk for myself or other students involved in the program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_