



Essential Functions/Technical Standards of Physical Therapy

I, _____ (please print your full name) have read and understand the purpose and guidelines of the “Essential Functions/Technical Standards of Physical Therapy”.

I understand that successful completion of the Physical Therapy Program is contingent upon my ability to perform the skills, with or without accommodations, listed in the Essential Functions Document.

I understand that if an accommodation needs to be requested, I must assume the responsibility to contact the Assistant Dean in the Division of Student Affairs prior to the initiation of any academic and/or clinical experiences.

I understand that reasonable accommodations in the academic setting and reasonable accommodations in the clinical setting differ.

Once admitted and enrolled at the University of the Sciences, I understand that an academic advisor will be appointed. If I have any questions following enrollment, I should contact the Chair of the Physical Therapy Program or my academic advisor.

Signature: _____ **Date of Birth** _____

Home address: _____

Today's date: _____

Please return to:

University of the Sciences
Attn: Dr. Marc Campolo, Department of Physical Therapy
600 South 43rd Street
Philadelphia, PA 19104

Questions? Contact Dr. Marc Campolo, Chair of the Department of Physical Therapy, 215.596.8681 or m.campolo@usciences.edu.