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 21st 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
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 _______________