

## **Essential Functions/Technical Standards of Physical Therapy**

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I, \_\_\_\_\_ (please print your full name)  
have read and understand the purpose and guidelines of the “Essential Functions/Technical Standards of Physical Therapy”  
which can be found at: **USciences.edu/PTEssentialFunctions**.

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.

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Signature

Today's Date

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Home Address

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City

State

Zip

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Date of Birth

### **PLEASE RETURN TO:**

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

### **QUESTIONS?**

Contact Dr. Lora Packel, Interim Chair of the Department of Physical Therapy, 215.596.8678 or l.packel@uscience.edu.