

STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER
COLLEGE OF HEALTH RELATED PROFESSIONS
BACHELOR OF SCIENCE IN HEALTH SCIENCES & DOCTOR OF PHYSICAL THERAPY
PROGRAM OF STUDY ACKNOWLEDGEMENT FOR SUMMER 2016 MATRICULANTS

Student ID No. _____ Name _____ City, State, Zip Code _____ Phone _____
Address _____

Program Requirements

Undergraduate Level – Summer Semester Courses (1 st year) (7.5 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			ANAT 3010	Human Gross Anatomy	6
			PHTH 3201	Professional Development I	1.5
Undergraduate Level – Fall Semester Courses (1 st year) (18.5 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			INDI 3110	Kinesiology	3
			PHTH 3302	Patient/Client Management I	2.5
			PHTH 3303	Research Methods & Evidence-Based Practice	2.5
			PHTH 3304	Physical Therapy Examination I	1.5
			PHTH 3402	Patient/Client Management II	3
			PHYS 3110	Principles of Human Physiology and Biochemistry	6
Undergraduate Level – Spring Semester Courses (1 st year) (16 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			ANAT 3210	Human Neuroanatomy	2.5
			MSCI 3211	Medical Sciences	4
			PHTH 3205	Pathology	2
			PHTH 3206	Musculoskeletal Physical Therapy I	3
			PHTH 3207	Principles of Education in Physical Therapy	2
			PHTH 3401	Physical Therapy Examination II	1
			PHYS 3212	Neurophysiology of Motor Control	1.5
Doctoral Level – Summer Semester Courses (2 nd year) (12 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			PTDP 6105	Motor Control and Motor Learning I	2
			PTDP 6107	Clinical Electrophysiology	2.5
			PTDP 6108	Patient/Client Management III: Physical Agents	1.5
			PTDP 6206	Cardiovascular/Pulmonary Physical Therapy	5
			PTDP 6305	Preventative Care and Health and Wellness	1
Doctoral Level – Fall Semester Courses (2 nd year) (18 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			PTDP 6109	Introduction to Clinical Practice	2
			PTDP 6204	Musculoskeletal Physical Therapy II	5
			PTDP 6205	Motor Control and Motor Learning II	4
			PTDP 6306	Pediatric Physical Therapy	3
			PTDP 6308	Integumentary Physical Therapy: Prosthetics & Orthotics	4
			PTDP 6212	Pediatric Physical Therapy Practicum (Elective)	0.5
Doctoral Level – Spring Semester Courses (2 nd year) (18.5 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			PTDP 6101	Clinical Internship I	8
			PTDP 6110	Capstone Project I	1
			PTDP 6113	Grand Rounds I	0.5
			PTDP 6208	Neuromuscular Physical Therapy	4
			PTDP 6307	Radiology	1
			PTDP 6311	Administration and Supervision in Physical Therapy	2
			PTDP 6212	Pediatric Physical Therapy Practicum (Elective)	0.5
			PSYH 5111	Psychiatry	2
Doctoral Level – Summer Semester Courses (3 rd year) (10.5 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			PTDP 6201	Clinical Internship II	9
			PTDP 6210	Capstone II	1
			PTDP 6213	Grand Rounds II	0.5
Doctoral Level – Fall Semester Courses (3 rd year) (15.5 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			PTDP 6301	Clinical Internship III	10
			PTDP 6304	Professional Development II	1
			PTDP 6310	Capstone Project III	1
			PTDP 6313	Grand Rounds III	0.5
			PTDP 6404	Pharmacology	2
			PTDP 6406	Musculoskeletal Physical Therapy III	1
Doctoral Level – Spring Semester Courses (3 rd year) (16 credits)					
Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
			PTDP 6401	Clinical Internship IV	12
			PTDP 6402	Grand Rounds IV	1
			PTDP 6405	Differential Diagnosis	2
			PTDP 6410	Capstone Project IV	1
TOTAL CREDITS REQUIRED					132.5

Anticipated Date of Graduation (Circle Month & Year): May August December 2019 2020 2021

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Bachelor of Science in Health Sciences & Doctor of Physical Therapy from the State University of New York Health Science Center at Brooklyn.

Signature of Student _____

Date _____

Signature of Faculty Advisor _____

Date _____