



Office of the Professions Statement

Please read, sign, date and return with your application. Your application is not complete unless this form is signed, dated and returned to the Office of Admissions.

IMPORTANT NOTICE:

Students with a history of criminal misconduct may be denied licensure or registration to practice the profession of physical therapy. Students should contact the Office of the Professions in the Division of Professional Licensing Services of NYSED www.nysed.org (or appropriate state agency) for clarification of their status early in their academic career if there is any question of the ability to sit for examination for licensure at the completion of the academic program.

I, _____, have read the above notice and understand its content.

(PRINT NAME)

SIGNED

DATE

OFFICE OF ADMISSIONS

1600 Burrstone Road, Utica, NY 13502 | admiss@utica.edu | voice: 315.792.3006 | fax: 315.792.3003