

# Supplemental Application step-by-step

You can access this link on our website under your program. We will use **PT** as the example: Here you will find which application system you will be using (**PTCAS**).

Part of UT Health San Antonio  
Give Quicklinks Search

UT Health San Antonio  
School of Health Professions

Home About Programs Admissions Tuition and Financial Aid Student Life Alumni

## Doctor of Physical Therapy

**Deadline**  
Application Open Date  
OCT 02

**GPA**  
• Overall GPA 3.2  
• Math and Science prerequisite GPA 3.2

**Apply to the program**  
Apply Now »

Applications for the Fall (July) entry-level DPT program are accepted beginning July 1 of the year prior to enrollment.

Two separate applications; (1) PTCAS application and (2) the DPT Supplemental Application are required.

Both must be submitted through the Physical Therapy Centralized Application Service. ←

Academics  
Admission Requirements  
Careers  
Tuition

Scroll down to **Application and fee** and click “Supplemental Application”

Application and fee ←

Physical Therapy Centralized Application Service (PTCAS) application

PTCAS fee

Supplemental application ← Click here

Supplemental application fee

Learn how to acquire the required number of shadowing hours. Applicants must shadow health care professionals to gain an understanding of the profession before application.

### Coursework

Required Semester Hours	Subject	TCCNS Course
4	Anatomy and Physiology I with lab*	BIOL 2401
4	Anatomy and Physiology II with lab*	BIOL 2402
4	Biology I with lab	BIOL 1406
4	Upper-Level Biology with lab or Biology II with lab	BIOL 1407
4	Chemistry I with lab	CHEM 1411
4	Chemistry II/Organic Chemistry or Biochemistry with lab	CHEM 1412
4	Physics I with lab	PHYS 1401
4	Physics II with lab	PHYS 1402
3	Introduction to Psychology or General Psychology	PSYC 2301

A new window should open with the form. Click the down arrow in the top right to **download**.

Supplemental Application FILLABLE 2019.pdf

1 / 2

UT Health San Antonio School of Health Professions

### Supplemental Application

I. Personal Information			
Entering Year <b>2019</b>	Last Name	First Name	Middle Name
Program <input type="checkbox"/> OT <input type="checkbox"/> PA <input type="checkbox"/> PT <input type="checkbox"/> SLP	CAS ID	Date of Birth (MM-DD-YYYY)	
Current Street Address		Current City, State, and Zip	
Country of Birth		Previous Name(s)	

II. Residency Information			
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, country of citizenship?	Type of Visa	Visa Expiration
Are you a Texas Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your county of residence?	How long have you lived in this county? <input type="checkbox"/> Less than 12 months <input type="checkbox"/> More than 12 months	
If less than 12 months, prior residence Street Address		Prior residence City, State, and Zip	
Within the last 12 months, have you been a student at an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Name of Institution	
Have you previously applied for admission to UTISCSA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list program and date of application. Program Date	

A small box should pop up. **Save form** to your desktop, documents, or USB.

Supplemental Application FILLABLE 2019.pdf

1 / 2

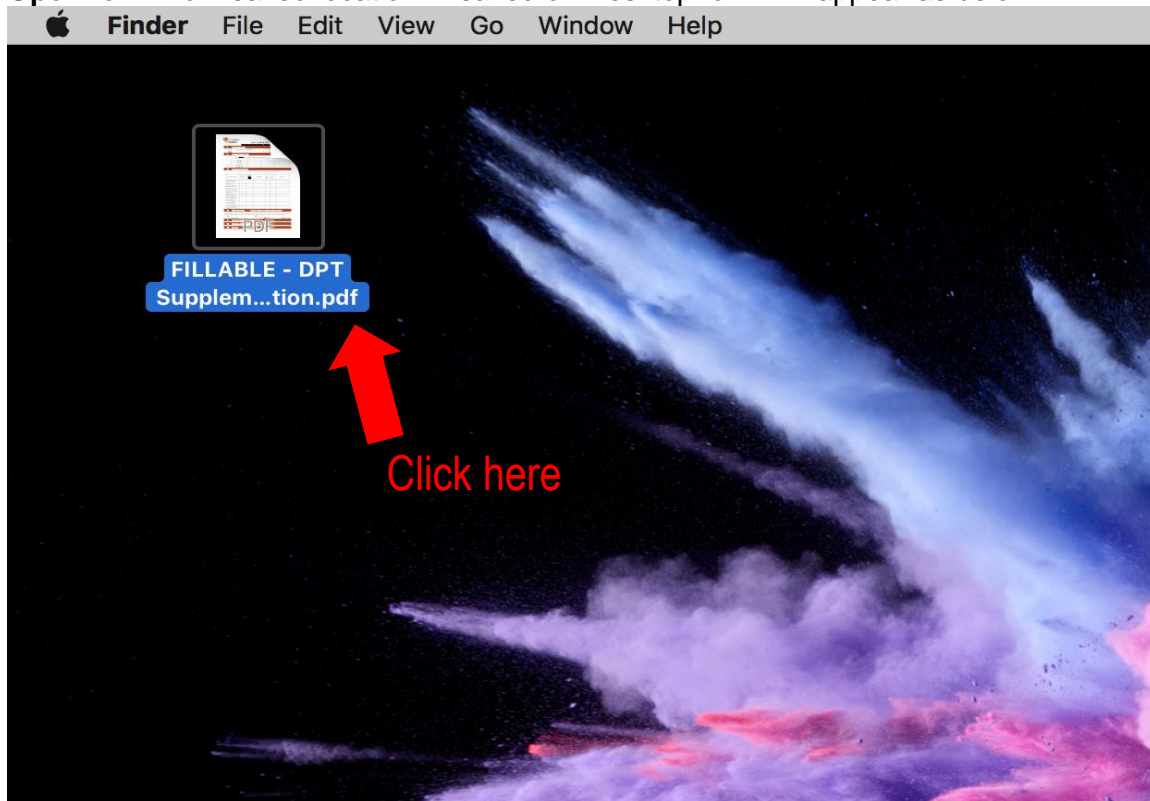
UT Health San Antonio School of Health Professions

### Supplemental Application

I. Personal Information			
Entering Year <b>2019</b>	Last Name	First Name	Middle Name
Program <input type="checkbox"/> OT <input type="checkbox"/> PA <input type="checkbox"/> PT <input type="checkbox"/> SLP	CAS ID	Date of Birth (MM-DD-YYYY)	
Current Street Address		Current City, State, and Zip	
Country of Birth		Previous Name(s)	

II. Residency Information			
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, country of citizenship?	Type of Visa	Visa Expiration
Are you a Texas Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your county of residence?	How long have you lived in this county? <input type="checkbox"/> Less than 12 months <input type="checkbox"/> More than 12 months	
If less than 12 months, prior residence Street Address		Prior residence City, State, and Zip	
Within the last 12 months, have you been a student at an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Name of Institution	
Have you previously applied for admission to UTISCSA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list program and date of application. Program Date	

Open form from saved location. If saved on Desktop form will appear as below.



Fill out requested information and type or sign your name.

The image shows a web browser window displaying the 'Supplemental Application' form. The browser's address bar shows 'San Antonio' and the page title is 'Supplemental Application FILLABLE 2019 (1).pdf (page 1 of 2)'. The form is titled 'Supplemental Application' and is divided into three main sections: I. Personal Information, II. Residency Information, and III. Planned or In Progress Coursework. A red arrow points to the top of the form with the text 'Start here'.

**I. Personal Information**

Entering Year: 2019  
Last Name: LAST  
First Name: FIRST  
Middle Name: MIDDLE

Program:  OT  PA  PT  SLP  
CAS ID: \_\_\_\_\_ Date of Birth (MM-DD-YYYY): \_\_\_\_\_  
Current Street Address: \_\_\_\_\_ Current City, State, and Zip: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

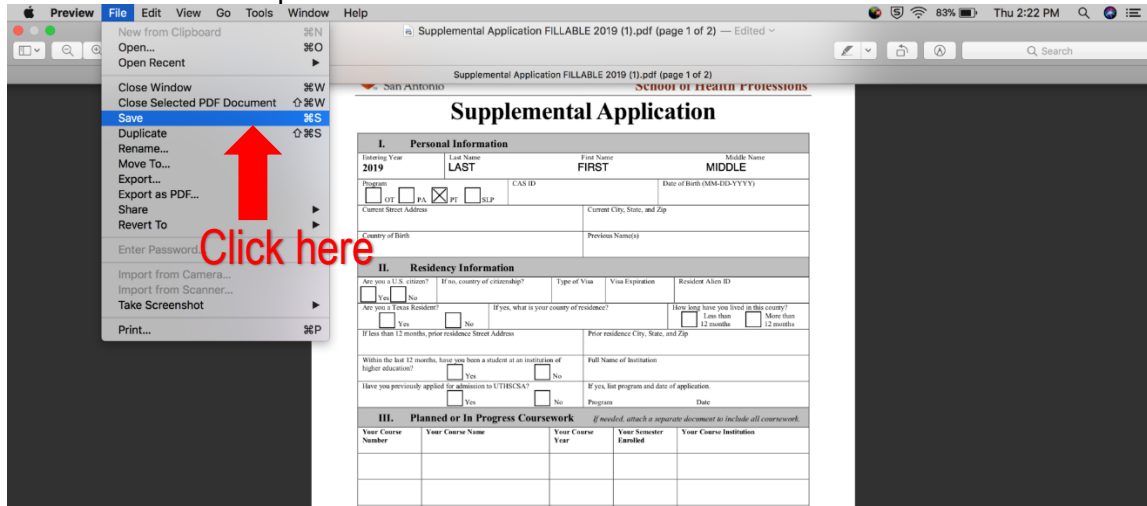
**II. Residency Information**

Are you a U.S. citizen?  Yes  No If yes, country of citizenship? \_\_\_\_\_ Type of Visa: \_\_\_\_\_ Visa Expiration: \_\_\_\_\_ Resident Alien ID: \_\_\_\_\_  
Are you a Texas Resident?  Yes  No If yes, what is your county of residence? \_\_\_\_\_ How long have you lived in this county?  Less than 12 months  More than 12 months  
If less than 12 months, prior residence Street Address: \_\_\_\_\_ Prior residence City, State, and Zip: \_\_\_\_\_  
Within the last 12 months, have you been a student at an institution of higher education?  Yes  No Full Name of Institution: \_\_\_\_\_  
Have you previously applied for admission to U/FHS/CA?  Yes  No If yes, list program and date of application. Program: \_\_\_\_\_ Date: \_\_\_\_\_

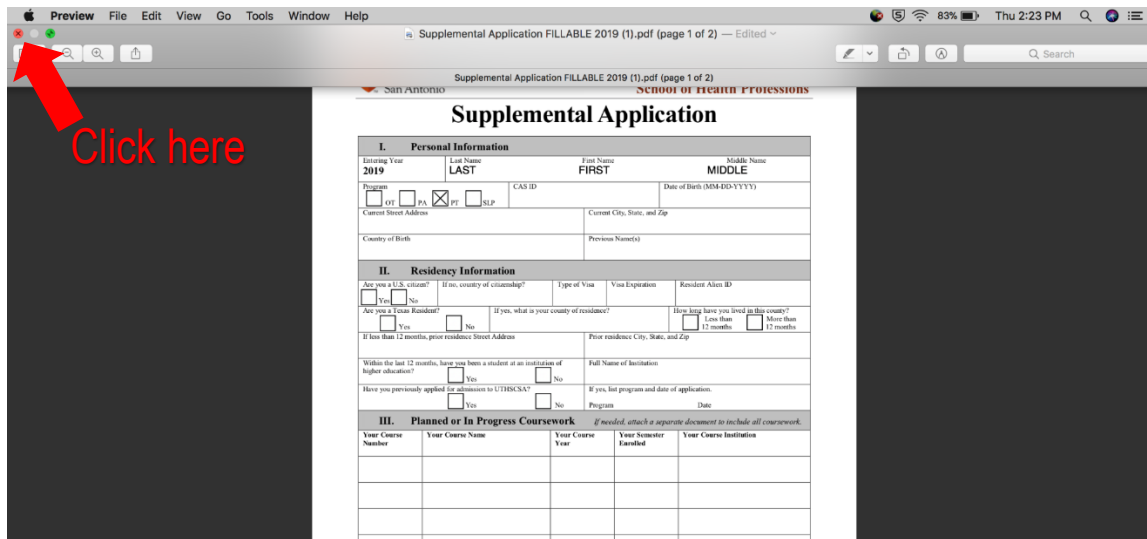
**III. Planned or In Progress Coursework** *If needed, attach a separate document to include all coursework.*

Year Course Number	Year Course Name	Year Course Year	Year Semester Knowledge	Year Course Institution

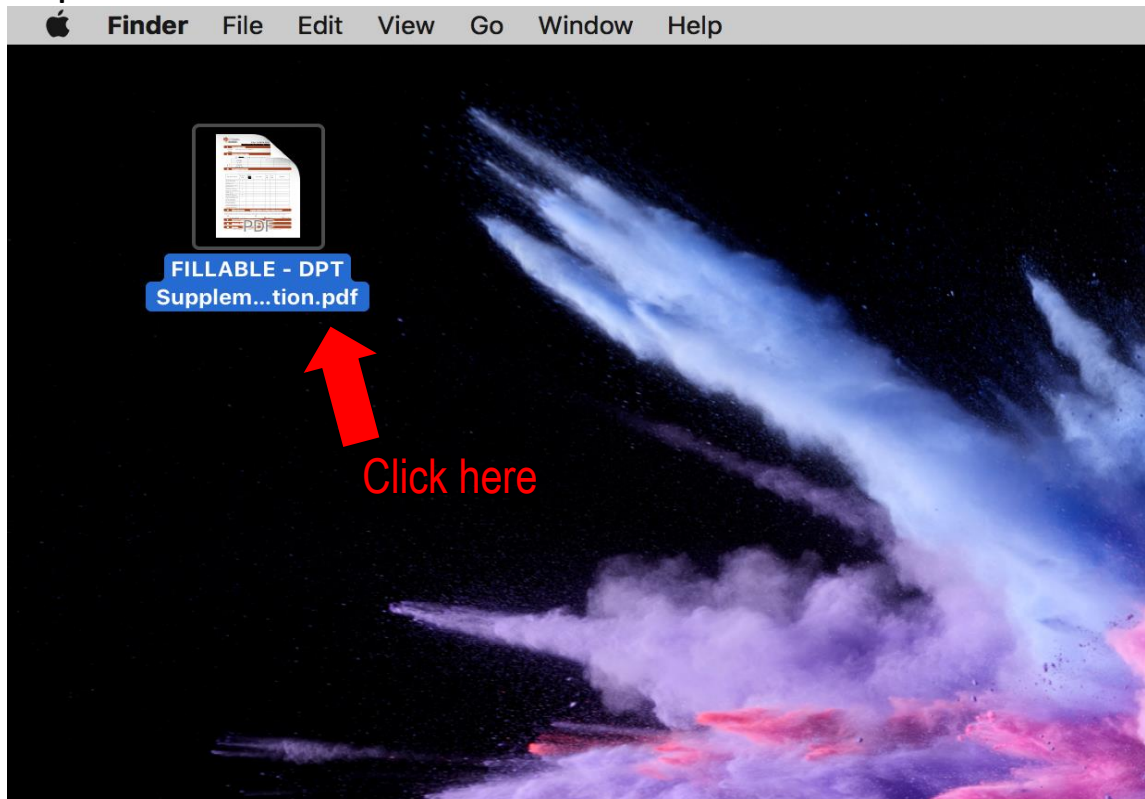
Save form once completed.



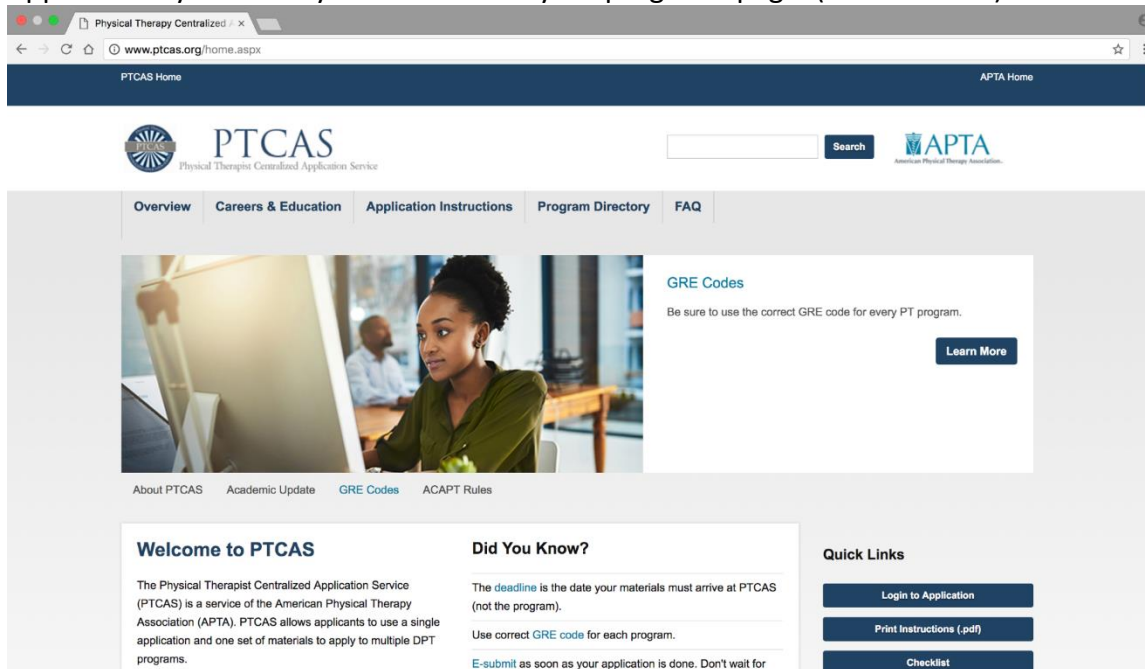
Close form when finished and saved.



Reopen to check the information saved.



Log onto application system. For this PT example we will be using PTCAS. Application systems may be listed under your programs page. (See Picture 1)



Once you have logged in-

Secure | <https://ptcas.liaisoncas.com/applicant-ux/#/login>

PTCAS  
Physical Therapist Centralized Application Service

## Welcome to PTCAS

**Welcome!**

The Physical Therapist Centralized Application Service (PTCAS) is a service of the American Physical Therapy Association (APTA). PTCAS allows applicants to use a single application and one set of materials to apply to multiple DPT programs.

Sign in with your username and password below. First time here? Select Create an Account to get started.

Username

Password

**Sign In**

Create an Account

[Forgot your username or password?](#)

[Reapplying to PTCAS?](#)

**Upload completed form** to the application system from saved location.

DON'T FORGET TO PAY THE  
SUPPLEMENTAL  
APPLICATION FEE.