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).

San Antonio School of Health Professions		Part of UT Health San Antonio Give ≡Quicklinks ØSearch			
Home About Programs Admissions Tultion a	nd Financial Aid	Student Life Alumni			
Doctor of Physical Thera	РУ				
Deadline Application Open Date OCT 02	GPA • Overall GPA 3.2 • Math and Science prerequisite GPA 3.2	Apply to the program			
Applications for the Fall (July) entry-level DPT program are enrollment.	Academics				
Two separate applications; (1) PTCAS application and (2) the Both must be submitted through the Physical Therapy Cere		Admission Requirements Careers Tuition			

Scroll down to Application and fee and click "Supplemental Application"

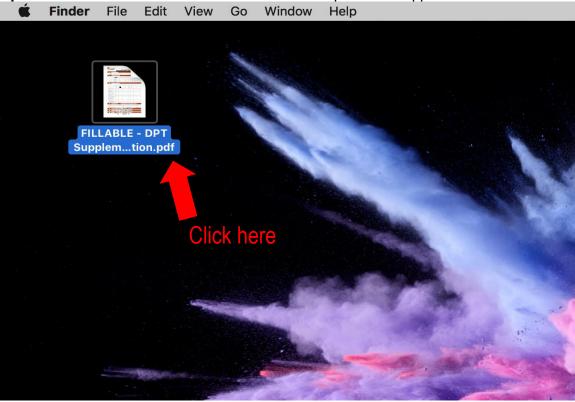
☆ Secure http://www.secure/active	s://www.uthscsa.edu/academics/health-professions/programs/doctor-of-phys	ical-therapy/admissions	
pplication and hysical Therapy Cen	trailized Application Service (PTCAS) application		Learn how to acquire the required number shadowing hours. Applicants must shad health care professionals to gain an understanding of the profession befor application.
ipplemental applica			
ipplemental applica			
oursework			
Required Semester Hours	Subject	TCCNS Course	
4	Anatomy and Physiology I with lab*	BIOL 2401	
4	Anatomy and Physiology II with lab*	BIOL 2402	
1	Biology I with lab	BIOL 1406	
4	Upper-Level Biology with lab or Biology II with lab	BIOL 1407	
1	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 FILL ×					Θ
\leftrightarrow \rightarrow C \triangle $\widehat{\bullet}$ Secure https://www.uthscsa.edu	/sites/default/files/Supplemen	tal%20Application%20FI	LLABLE%202019.p	df	☆ :
Supplemental Application FILLABLE 2019.pdf			/ 2		¢ ± ⊕
	UT Health San Antonio		Scho	ol of Health Professions	
	Su	pplementa	l Applic	ation	Click here
	I. Personal Inform	nation			Olion
	Entering Year Last Name 2019	• 1	First Name	Middle Name	
		CAS ID SLP		Date of Birth (MM-DD-YYYY)	i i i i i i i i i i i i i i i i i i i
	Current Street Address		Current City, State, and Zij	p	
	Country of Birth		Previous Name(s)		
	II. Residency Info	rmation			
	Are you a U.S. citizen? If no, country	y of citizenship? Type of V		Resident Alien ID	
	Are you a Texas Resident?	If yes, what is your county of re		How long have you lived in this county? Less than More than 12 months 12 months	
	If less than 12 months, prior residence St	reet Address	Prior residence City, State,	and Zip	
	Within the last 12 months, have you been higher education?	No	Full Name of Institution		
	Have you previously applied for admission Yes	on to UTHSCSA?	If yes, list program and dat Program	e of application. Date	

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

Supplemental Application FILL ×	Save As: Supplemental	Application FILLABLE 201		Θ
C O Secure https://www.uthscsa.edu/sites/default/files/Sup	oleme Tags:			☆ :
	Where: Desktop	nent 💽	(Click here
👮 UT Healt	h	Cancel Sav	8	
San Antonio	~ •		of Health Professions	-
	Supplement	al Applicat	tion	
I. Personal	Information			
Entering Year Last No 2019	Last Name	First Name	Middle Name	
Program	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. Residence	y Information	1		
Are you a U.S. eitizen? If Yes No	to, country of citizenship? Type o		Resident Alien ID	
Are you a Tensas Resident? Yos	If yes, what is your county of No		Uses than 12 months 12 months	
If less than 12 months, prior re	sidence Street Address	Prior residence City, State, and	Zip	
Within the last 12 months, hav higher education?	you been a student at an institution of	Full Name of Institution		
Have you previously applied f		If yes, list program and date of a Program	pplication. 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.

Serview File Edit View Go Tools Window He		.71	- 3	,		👔 🗐 🛜 83% 🔳	Thu 2:23 PM 🔍 🔕 😑
Start I	Nere	emental Application FIL					Q Search
	- San Antonio	Supplemental Applicatio	n FILLABLE 20		e 1 of 2) OI FICULTI PROTESSIONS		
		Suppleme	ntal A				
	I. Persona	l Information					
	Entering Year 2019	Last Name LAST	First Name FIRST		Middle Name MIDDLE		
	Program OT PA Current Street Address	PT SLP	Current C	Dute Tity, State, and Zip	of Birth (MM-DD-YYYY)		
	Country of Birth		Previous	Name(s)			
		cy Information	Type of Visa V	isa Expiration	Resident Alien ID		
	Yes No Are you a Texas Resident? Yes	If yes, what is your co	unty of residence?	Н	low long have you lived in this county? Less than More than 12 months 12 months		
	If less than 12 months, prior	residence Street Address	Prior resi	dence City, State, and	Zip		
	higher education?	Yes	la	e of Institution			
	Have you previously applied	for admission to UTHSCSA?		t program and date of	application. Date		
	III. Planned	or In Progress Coursew		led, attach a separa	te document to include all coursework.		
	Your Course Your Your Number		our Course ear	Your Semester Enrolled	Your Course Institution		
					. I		

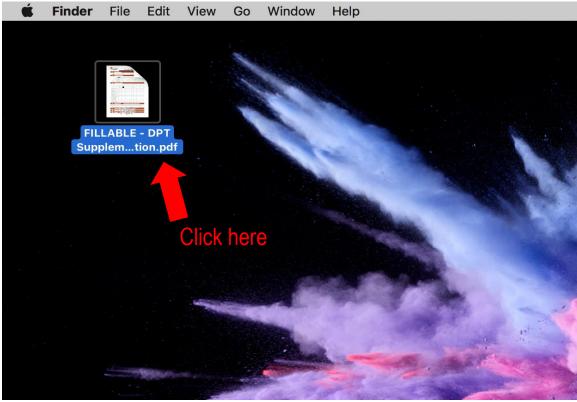
Save form once completed.

🗯 Preview File Edit View Go Tools	Vindow Help						5 🛜 83% 🔳	Thu 2:22 PM	२ 🔇 😑 🗉
New from Clipboard	XN R	Supplemental Application	ILLABLE 2019) (1).pdf (pag	e 1 of 2) — Edited ~				
⊡ v Q ⊙ Open	жo					1 v	ð 8	Q. Search	
Open Recent	•					-		C Obarchi	
	#W - San A	Supplemental Applicat	ion FILLABLE 20						
Close Window Close Selected PDF Document	光W San Au 分米W				of meanin professions				
Save	#S	Suppleme	ental A	pplica	tion				
	企業S	FF		r r					
Rename	I. I	ersonal Information							
Move To	Entering Year 2019	Last Name LAST	First Name FIRST		Middle Name MIDDLE				
Export	Program	CASID		Date	of Birth (MM-DD-YYYY)				
Export as PDF		PA PT SLP							
Share Revert To	Current Street Ad	iress	Current C	ity, State, and Zip					
Reventio	Country of Birth		Previous	Name(s)					
Enter Password Click	nere								
Import from Camera	п. 1	Residency Information							
Import from Scanner	Are you a U.S. cit		Type of Visa V	isa Expiration	Resident Alien ID				
Take Screenshot	Yes N Are you a Texas B		county of residence?	1	low long have you lived in this county?				
Print	HP Ves	No			Less than More than 12 months 12 months				
Plint	d6 P If less than 12 mo	nths, prior residence Street Address	Prior resi	dence City, State, and	Zip				
		months, have you been a student at an instituti	n of Full Nam	e of Institution					
	higher education?	Yes	No						
	Have you previou	ily applied for admission to UTHSCSA?	1	program and date of					
		Yes	No Program		Date				
	III. I Your Course	Planned or In Progress Course Year Course Name	WORK # need	ed, attach a separa Your Semester	te document to include all coursework. Your Course Institution				
	Number	tour course wand	Year	Enrolled	rour course instantion				

Close form when finished and saved.

S Preview File Edit View Go Tools Window Help							5 🔅 83% 🔳	Thu 2:23 PM Q 🌍	Ξ
8 • •		Supplemental Application	FILLABLE 201	9 (1).pdf (pag	e 1 of 2) — Edited ~				
						Z ×	ð 0	Q Search	
		Supplemental Applica	tion FILLABLE 2						
	San Antonio School of Health Professions								
	Supplemental Application								
Click here	I. Personal Information								
Chorthero	Entering Year 2019	Last Name	Fint Name FIRST		Middle Name MIDDLE				
	Program OT P			Date	of Birth (MM-DD-YYYY)				
	Current Street Addre	35	Current	City, State, and Zip					
	Country of Birth		Previous	Name(s)					
		sidency Information	1						
	Yes No	n? If no, country of citizenship?			Resident Alien ID				
	Are you a Texas Res	No	r county of residence?		low long have you lived in this county? Less than More than 12 months 12 months				
		s, prior residence Street Address		idence City, State, and	Zip				
	higher education?	orths, have you been a student at an institut	No	ne of Institution					
	Have you previously	applied for admission to UTHSCSA?	If yes, in No Program	st program and date of	application. Date				
	III. Pl	anned or In Progress Cours			te document to include all coursework.				
	Your Course Number	Your Course Name	Your Course Year	Your Semester Earolled	Your Course Institution				

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-



Upload completed form to the application system from saved location.

DON'T FORGET TO PAY THE <u>SUPPLEMENTAL</u> <u>APPLICATION FEE</u>.