

2025 CSUDH Masters of Science program Application Direct Application Form

Orthotic/Prosthetic Applicant:

Thank you for your interest in the CSUDH Masters of Science Program. Our program boasts a remarkable forty-year history of cultivating competent and highly skilled practitioners, who swiftly receive recognition for their advanced clinical abilities upon graduation. One of CSUDH's primary strengths lies in its emphasis on real-world, hands-on clinical experiences, coupled with face-to-face instruction and close mentorship with clinical faculty. With an 8 to 1 student-to-faculty ratio, we ensure an optimal learning environment for our students, complemented by 500 hours of external preceptor work to further enhance their competencies.

Our graduates' success rate is exceptional, consistently surpassing the national salary average, with a high number of residencies offers immediately after completion of the program. We firmly believe that preparing our graduates to be productive during their residency outweighs the notion of paying to gain experience. Instead, we prioritize equipping our students with the skills and expertise necessary to excel in their professional careers, setting them on a path of success from the outset. Consequently, our students are well compensated for the clinical knowledge they possess, and they can promptly begin their national board exams following graduation.

California State University, Dominguez Hills will begin accepting applications for students wishing to enter the Masters of Science Orthotics and Prosthetics (O&P) program beginning **August 2025**.

Please be aware that if the applicant is accepted into the CSUDH O&P Masters of Science Program, a secondary application must be submitted to be accepted into the California State University (CSU) System as a Graduate Student, titled CSUApply.

- The application for the Orthotic or Prosthetic Program due date: **February 1, 2025**.
- The secondary CSUApply application preferred due date: **April 30, 2025**.
- Program Start Date: **August 2025**

The enclosed *Orthotics and Prosthetics Application* and all subsequent documentation must be submitted directly to the Orthotics and Prosthetics Application Review Committee.

Submission by email is preferred:

Elisabeth Rollo: erollo@csudh.edu
cc. mmuller@csudh.edu

CSUDH Orthotics and Prosthetics Application Review Committee
California State University, Dominguez Hills 10641 Calle Lee,
Suite 185
Los Alamitos, CA 90720

PREREQUISITES: Please review the Prerequisites and Admissions requirements on our website.

**Note this application is used in lieu of the NCOPE OPCAS application. If you are utilizing this direct application there is no need to complete the NCOPE OPCAS application referred to on our website.*

<https://www.csudh.edu/health-sciences/oandp/msop-option/prerequisites/>

INTERVIEW

Finalists will be invited for a Video conference or in-person interview.

Application form, document submission, and deadlines

- A. Complete the enclosed Application Form and submit required documentation by **February 1, 2025.**
- Complete the Personal Information.
 - List colleges and universities attended.
 - List Prerequisite Course completion with grades.
 - List relevant experiences.
 - Complete the Personal Statement.
 - Complete the Reflection on your experience in an O&P facility.
 - Submit 40-Hour O&P Observation Experience form.
 - Submit a set of unofficial transcripts directly to the O & P Program with the application.
 - Submit three (3) letters of reference with the application or send to:

CSUDH O&P Application Review Committee

care of Elisabeth Rollo: erollo@csudh.edu or mail to address above

It is recommended that these reference letters be submitted by professionals in the field of orthotics and prosthetics (certified practitioners are preferred), instructors in higher education, and/or a current or previous employer.

- B. Complete the Cal State Apply application for Graduate School beginning term:
Fall 2025,
Campus- Dominguez Hills,
Health Science: O&P Option

CSU Graduate Studies application for Californian State Universities is available at www.calstate.edu/apply.

The **CSU Graduate School application** with supporting materials, including official transcripts has a preferred due date of **April 30, 2025**

**CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS
Masters of Science in Orthotics and Prosthetics
APPLICATION FORM**

Title: _____ Birth Date: _____

First Name: _____

Middle Name: _____

Last Name: _____ Sex: _____

Associated Gender: _____ . Associated Pronoun: _____

Current Resident

Permanent Resident

Address: _____ Address: _____

Country: _____ Country: _____

Email: _____

-Race/Ethnicity: Do you consider yourself:

Hispanic/Latino
American Indian or Alaska Native
Asian
Middle Eastern

Black or African American
Native Hawaiian or other Pacific Islander
White
Other

-US Citizenship status: US Resident Non-Resident

Country of Citizenship _____

-US Military Status: _____

-Have you ever been disciplined for academic performance (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any University or college?

Answer: _____ . Explain: _____

-Have you ever been convicted of a Felony?

Answer: _____

10641 Calle Lee – Suite 185, Los Alamitos, CA 90720 (562) 735-3300 www.csudh.edu/oandp

-List colleges and universities attended and degree received.

| School Name, City, State | Degree Received / GPA | Graduation Date: | Honors |
|--------------------------|-----------------------|------------------|--------|
| | | | |
| | | | |
| | | | |

| Prerequisite Course | Course Name & Number | Name of Institution | Units | Grade <i>Min grade 'C'</i> | Date completed |
|----------------------------|----------------------|---------------------|-------|-------------------------------|----------------|
| Anatomy & Physiology w/Lab | | | | | |
| Physics | | | | | |
| Chemistry | | | | | |
| Biology | | | | | |
| Psychology | | | | | |
| Statistics | | | | | |

-Provide your G.P.A. for the most recent 60 units of college classes attended. _____

-Does your academic record accurately reflect your capabilities?

Answer: _____. Explain: _____

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-List applicable experience (employment or life) relevant to your career or academic goal

| Type: Employment, Life | Description of Experience : | Employer / Supervisor: | Inclusive Dates: |
|---------------------------|-----------------------------|------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Personal Statement

Please describe why you wish to enter the Orthotic and Prosthetic profession and how obtaining a national certification as an Orthotic/Prosthetic practitioner will help you achieve your career goals.
(850 word max).

Reflection on your experience in an O&P facility.

CSUDH requests at least 40 hours of volunteer or work experience in an O&P facility. Please reflect on one of your most memorable experiences during your time with that facility?

If you have not obtained the minimal O&P experience please describe, in detail, how you will complete the required experience before the start of seated portion of the program.

(500 word max).

Orthotics & Prosthetics Observation Experience Verification form

CUSDH require a certified orthotist or prosthetist to verify your minimum of 40-hours of observational experiences in an O&P facility. Select the certified practitioner who supervised you during your experience and can best verify your hours. Complete all of the fields and obtain the practitioner's signature for verification that the hours were completed. The completed form should be attached with the application submission or emailed directly to the Application Committee care of erollo@csduh.edu

Name of Applicant: _____

Name of O&P Facility: _____

Street Address: _____

City: _____ State: _____ Country: _____

Overview and Status of O&P Observation Experience:

Total number of observational hours of Experience: _____

Start Date: _____ End Date: _____

SIGNATURE Certified Orthotist/Prosthetist:

Date

Name of Orthotist/Prosthetist: _____

O&P Certification Number: _____ State of O&P Certification: _____

Orthotist]/Prosthetist Email: _____

Orthotist/Prosthetist Phone: _____

Letter of Reference
CSUDH Master’s of Science in O&P Application

Applicant’s Name: _____

Evaluator’s Name: _____

Title: _____

Occupation: _____

Organization: _____

Email: _____ Phone: _____

How long have you known the applicant? _____

How well do you know the applicant? _____

What capacity do you know the applicant? _____

| Please rate the following | Not Observed | Poor | Below Average | Average | Good | Excellent |
|---------------------------|--------------|------|---------------|---------|------|-----------|
| Adaptability | | | | | | |
| Critical Thinking | | | | | | |
| Intellectual Ability | | | | | | |
| Interpersonal Relations | | | | | | |
| Oral Communication | | | | | | |
| Reliability | | | | | | |
| Professional Demeanor | | | | | | |
| Overall Evaluation | | | | | | |

Recommendation: Recommend with Reservation Recommend Highly Recommend

Evaluator’s Signature: _____ Date: _____

Comments:

