APPLICATION TO BECOME AN AAOMPT RECOGNIZED OMPT FELLOWSHIP PROGRAM

Congratulations! We were recently notified that your program successfully completed the APTA credentialing process for OMPT Fellowship Programs. Any Orthopaedic Manual Physical Therapy (OMPT) Fellowship Program that is credentialed by APTA is eligible to apply to AAOMPT for Recognized Fellowship Program status. The benefits and requirements of recognition are explained below.

Benefits of becoming an AAOMPT Recognized OMPT Fellowship Program:
1. Graduates of an AAOMPT-Recognized OMPT Fellowship Program may apply for fellowship in AAOMPT.
2. Recognized programs are listed on the AAOMPT web site as a Recognized OMPT Program.

Annual Requirements of Recognized Programs:
To remain in good standing as an AAOMPT Recognized OMPT Fellowship Program, the program must
1. Pay annual dues to AAOMPT as a member program.
2. Adhere to the AAOMPT Standards and Ethics.
3. Successfully meet all APTA requirements to remain credentialed.

To apply for recognition by AAOMPT complete and submit the following:
- Application fee of $160.00
- Completed application and signature page.
- Copy of APTA notification indicating that the program has successfully met the credentialing requirement.

Please fax or mail the completed application, documents, and the application fee to:

American Academy of Orthopaedic Manual Physical Therapists (AAOMPT)
8550 United Plaza Blvd, Ste. 1001
Baton Rouge, LA 70809
PHONE: (225) 360-3124
FAX: (225) 408-4422
office@aaompt.org
APPLICATION BY OMPT CLINICAL FELLOWSHIP PROGRAM FOR AAOMPT RECOGNITION

**PROGRAM NAME:**

________________________________________________________

**MAILING ADDRESS:**

________________________________________________________

**ELECTRONIC MAIL ADDRESS:**

________________________________________________________

Date of APTA Credentialing as an OMPT Fellowship Program:________________

The Program named above submits the following information in fulfillment of the AAOMPT requirements for recognition of a clinical fellowship program in OMPT.

The information submitted in this application is a true and accurate description of the clinical **fellowship program** with respect to the information requested.

______________________________  ________________________________
**PROGRAM DIRECTOR/COORDINATOR**  **PROGRAM ADMINISTRATOR**

______________________________  ________________________________
**TITLE**  **TITLE**

______________________________  ________________________________
**SIGNATURE**  **SIGNATURE**

______________________________  ________________________________
**DATE**  **DATE**
## PROGRAM INFORMATION

### NAME OF PROGRAM

### SPONSORING OR UMBRELLA ORGANIZATION IF APPLICABLE:

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<th>PROGRAM ADDRESS</th>
<th>LINE 1.</th>
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<td>LINE 2</td>
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<tr>
<td></td>
<td>CITY</td>
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<td>STATE:</td>
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<td>ZIP CODE</td>
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### TELEPHONE  FAX  WEBSITE (if available)

### PROGRAM DIRECTOR

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<tr>
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### PRIMARY CONTACT or COORDINATOR (if different from Program Director/)

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### DATE OF INITIAL FORMAL APPLICATION TO APTA FOR PROGRAM CREDENTIALING:  DATE OF APTA APPROVAL AS AN OMPT FELLOWSHIP PROGRAM:

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AAOMPT Standards Committee New Program Application rev. 01/2016  3 of 4
Payment information:

Total due: $160.00

☐ Check made payable to AAOMPT ☐ American Express ☐ Visa ☐ MasterCard

Card number: __________________________ Exp. date: ____________

Card holder's billing address: ________________________________

City: ________________ State: ________________ Zip: ____________

Cardholder's name (print): ________________________________

Cardholder's signature: ________________________________

Date: ____________________________________________