



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**.
3. AAOMPT recognized programs meet the standards of the International Federation of Orthopaedic Manipulative Therapists (**IFOMT** www.ifomt.org).

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

FELLOWSHIP PROGRAM APPLICATION FOR AAOMPT RECOGNITION

SIGNATURE PAGE

**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

FELLOWSHIP PROGRAM APPLICATION FOR AAOMPT RECOGNITION



PROGRAM INFORMATION

NAME OF PROGRAM			
SPONSORING OR UMBRELLA ORGANIZATION IF APPLICABLE:			
PROGRAM ADDRESS	LINE 1.		
	LINE 2		
	CITY	STATE:	ZIP CODE
TELEPHONE	FAX	WEBSITE <i>(if available)</i>	
PROGRAM DIRECTOR			
NAME (last)		(first)	(middle initial)
TITLE:	TELEPHONE	FAX	E-MAIL
PRIMARY CONTACT or COORDINATOR (if different from Program Director/)			
NAME (last)		(first)	(middle initial)
TITLE:	TELEPHONE	FAX	E-MAIL
PROGRAM INFORMATION			
DATE OF <u>INITIAL FORMAL APPLICATION</u> TO APTA FOR PROGRAM CREDENTIALING:		DATE OF APTA APPROVAL AS AN OMPT FELLOWSHIP PROGRAM:	

FELLOWSHIP PROGRAM APPLICATION FOR AAOMPT RECOGNITION

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: _____