



**American Academy of Manipulative Therapy**  
Fellowship in Orthopaedic Manual Therapy

This is a pre-application informational worksheet for the 12-month, APTA-accredited AAMT Fellowship in Orthopaedic Manual Therapy that begins March 1, 2017. This program has both distance-based and onsite learning modules that will take place at various cities throughout the U.S. and at the University of South Carolina. The program does not require relocation to Columbia, SC.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

What year did you graduate PT school? \_\_\_\_\_

How many years of outpatient orthopaedic PT clinical experience do you have? \_\_\_\_\_

What state are you licensed to practice PT within?  
\_\_\_\_\_

Although not required, have you completed an APTA credentialed residency program?

\_\_\_\_ Yes      \_\_\_\_ No

If you answered yes to the above question, what residency program did you complete?  
\_\_\_\_\_  
\_\_\_\_\_

Although not required, are you a Board Certified Specialist (OCS, GCS, NCS etc.) through ABPTS?

\_\_\_\_ Yes      \_\_\_\_ No

What courses have you already completed through the Spinal Manipulation Institute and/or Dry Needling Institute (course title, location & date)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any certifications or manual therapy continuing education classes that you have taken in the last 5 years.

Certifications (title, awarding institute & date earned):

\_\_\_\_\_  
\_\_\_\_\_

Continuing education (title & date completed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a clinic that you would like to complete mentored training hours at during the AAMT Fellowship program?

\_\_\_\_ Yes      \_\_\_\_ No

If yes, what is the address and contact information for the clinic in which you would like to conduct mentored training (we will NOT contact this clinic until after acceptance into the program)?

Clinic name & address: \_\_\_\_\_

Point of contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

