American Academy of Manipulative Therapy
Fellowship in Orthopaedic Manual Therapy

This is a pre-application informational worksheet for the accelerated, 12-month AAMT Fellowship in Orthopaedic Manual Therapy that begins March 1, 2019. This program has both distance-based and on-site 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: _____

Do you have a clinical mentor that is FAAOMPT?

_____ Yes _____ No