

Residency Education Curriculum  
Individual Course Order Form

Residency Program: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Program Director/Coordinator: \_\_\_\_\_

(note: Directors/Coordinators **must** all be current AOPT Members)

Mailing address: \_\_\_\_\_

\_\_\_\_\_ APTA #: \_\_\_\_\_

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

Program Credentialed?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Program Developing?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If developing, anticipated date of application submission (Month/Year): \_\_\_\_\_

Start/end date of program (month/year): \_\_\_\_\_

Credentialed programs: If registering for the first time, please submit the residency contract/appointment letter with this form in order to process your Curriculum Package order.

As Director/Coordinator I would like to receive the following courses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am not placing a Director's order, as I have already ordered the courses my residents will be purchasing.

Director/Coordinator Fees:

- 3- or 4-monograph courses: \$55
- 6-monograph courses: \$100
- 12-monograph course: \$150

**Resident Information**

(NOTE: Residents **must be Academy Members** to register for the AOPT's curriculum courses)

RESIDENT 1

Name: \_\_\_\_\_

APTA #: \_\_\_\_\_ E-mail: \_\_\_\_\_

RESIDENT 2

Name: \_\_\_\_\_

APTA #: \_\_\_\_\_ E-mail: \_\_\_\_\_

RESIDENT 3

Name: \_\_\_\_\_

APTA #: \_\_\_\_\_ E-mail: \_\_\_\_\_

RESIDENT 4

Name: \_\_\_\_\_

APTA #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Course(s) Titles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident fees for individual courses:

- 3- or 4-monograph course: \$55
- 6-monograph course \$100
- 12-monograph course: \$150

Payment Information:

Checks made payable to the Academy of Orthopaedic Physical Therapy, APTA, Inc.

Credit Card: (circle one) MC Visa Disc AmEx

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Director Fee: \_\_\_\_\_ Resident(s) Fee: \_\_\_\_\_ **Total Paid:** \_\_\_\_\_

**Submit form to: [tfred@orthopt.org](mailto:tfred@orthopt.org)**