



Residency Education Curriculum Package  
Option A or B 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:

\_\_\_\_\_ Entire Residency Curriculum Package

\_\_\_\_\_ I have already purchased the Residency Curriculum

Director/Coordinator Fees:

- Entire Residency Curriculum Option A: \$400
- Entire Residency Curriculum Option B: \$500

**Note:**

The registration fee is charged only once (one-time cost) for the program Director and/or any faculty member(s) of \$400.00 for Option A, and \$500.00 for Option B. However, all faculty must also be AOPT members.

*Enter resident information on reverse side*

## Resident Information

(NOTE: Residents **must be Academy Members** to register for the curriculum package)

RESIDENT 1

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

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

RESIDENT 2

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

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

RESIDENT 3

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

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

RESIDENT 4

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

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

Resident Fees for Entire Curriculum Package:

- Option A: \$400.00
- Option B: \$500.00

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:** \_\_\_\_\_

### **Courses included with Option A (\$400):**

Clinical Imaging; Postoperative Management of Orthopaedic Surgeries; Pharmacology; Current Concepts of Orthopaedic Physical Therapy, 5<sup>th</sup> Ed; Frontiers in Orthopaedic Science; Basic Research Methods for Understanding the Physical Therapy Literature

### **Additional Courses included with Option B (\$500):**

Outcomes in Orthopaedic Physical Therapy Practice and Screening for Orthopaedics

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