ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY
LEADERS. INNOVATORS. CHANGEMAKERS.

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: **$75**
- 6-monograph courses: **$135**
- 12-monograph course: **$205**

Enter resident information on reverse side

Resident Information
(NOTE: Residents **must be AOPT 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: **$75**
- 6-monograph course **$135**
- 12-monograph course: **$205**

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