

Residency Education Curriculum Package Option A or B Order Form

Residency Program:			
Address:			
Program Director/Coordinato	r.		
(note: Directors/Coordinators must a	Ill be current AOPT Mem	nbers)	
Mailing address:			
		APTA #:	
Phone:	Email:		
Program Credentialed?	Yes	No	
Program Developing?	Yes	No	
If developing, anticipated date	e of application sub	omission (Month/Year):	
Start/end date of program (m	ionth/year):		
		time, please submit the residency ler to process your Curriculum Package orde	۲.
As Director/Coordinator I wou	uld like to receive:		
Entire Residency	y Curriculum Packaq	ge	
I have already p	urchased the Reside	lency Curriculum	
Director/Coordinator Fees:			
Entire Residency Curric	ulum Option A: \$50	00.00	

• Entire Residency Curriculum Option B: **\$625.00**

Note:

The registration fee is charged only once (one-time cost) for the program Director and/or any faculty member(s) of **\$500.00** for Option A, and **\$625.00** for Option B. However, all faculty must also be AOPT members.

Resident Information

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

RESIDENT 1 Name:			
APTA #:			
RESIDENT 2 Name:			
APTA #:	E-mail:		
RESIDENT 3 Name:			
APTA #:	E-mail:		
RESIDENT 4 Name:			
APTA #:	E-mail:		
 Resident Fees for Entire Cur Option A: \$500.00 Option B: \$625.00 	riculum Package:		
Payment Information:			
	e Academy of Orthopaedic Phy IC Visa Disc		
Card #:		Exp: CVV:	
Cardholder name:		Signature:	
Billing Address:			
	Resident(s) Fee:		
Courses included with Option	ı A (\$500):		

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

Additional Courses included with Option B (\$625):

Outcomes in Orthopaedic Physical Therapy Practice and Screening for Orthopaedics

Submit form to: tfred@orthopt.org