

Institute of Therapeutic Sciences
C-OMPT Application (towards Residency/Fellowship):

Name: _____

SSN #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____

Home Telephone / Email : _____

PT License Number: _____

Entry level degree: _____

Institution: _____

Highest earned degree: _____

Institution: _____

Employer: _____

Duration of clinical experience: _____

Type of practice setting: _____

In a few words describe how this program might benefit you:

Are you or have been engaged in teaching or writing: _____

I hereby affirm that I have completed all application information accurately and truthfully. I also understand that passing the certification does not guarantee a placement in the residency or the fellowship program and that admission is based on aptitude exhibited during the certification process, fulfillment of admission criteria and the discretion of the program director.

Signature and name

Date

INSTITUTE OF THERAPEUTIC SCIENCES

LIABILITY RELEASE

I, as my name and signature appears below, am employing the Institute of Therapeutic Sciences (ITS) for instruction in health, manual therapy and rehabilitation sciences. I hereby release ITS and it's representatives / employees and agree to not hold it / them responsible from any untoward consequences, including liability, claims and damages. I also agree to not hold ITS and it's representatives / employees responsible for any loss or damages, and injury to person or property, however caused including all degrees of negligence. I also understand that all procedures undertaken are at my own risk and will not hold ITS and it's representatives / employees responsible for any untoward consequences.

I have executed this release on this _____ day of _____, 20_____.

NAME

SIGNATURE

WITNESS

RESIDENCY

Upon successful completion of the certification program an additional 150 hours of supervised clinical work onsite, and 850 hours of independent clinical work will earn the clinician an APTA approved clinical residency in orthopedic physical therapy (CRG).

FELLOWSHIP

Upon successful completion of the residency program an additional year of coursework (4 courses and 130 hours of supervised clinical work onsite), and 310 hours of independent clinical work will earn the clinician an APTA / AAOMPT approved clinical fellowship in orthopedic manual physical therapy (FAAOMPT).

TUITION:**CERTIFICATION:**

The fee for the program is \$ 2400.00 which is non-refundable and includes didactic, practical and examination components.

3 payments (\$ 800.00 initial, \$ 800.00, 5th month, \$ 800.00, 9th month)

RESIDENCY:

The fee for the program is the same as for the certification program with an additional \$ 1500.00 for the clinical rotation component (Total \$ 3900.00).

4 payments (\$ 800.00 initial, \$ 800.00, 5th month, \$ 800.00, 9th month, \$ 1500.00 for clinical rotation)

FELLOWSHIP:

The fee for the program is \$6000.00 which is non-refundable and includes didactic, practical and examination components, and \$ 1500.00 for the clinical rotation component (Total \$ 7500.00).

4 payments

YEAR ONE \$ 2000.00 Initial, \$ 2000.00 (6th month)

YEAR TWO \$ 2000.00 initial, \$ 1500.00 Clinical rotation (6th month)

Contact:

Program Director / Coordinator

Institute of Therapeutic Sciences

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MI 48170

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