

# Institute of Therapeutic Sciences

## Application (C-OMPT/Residency/Fellowship)

Name:
Address:
Phone:
Email:
PT license number:
Entry level degree:
Institution:
Highest earned degree:
Institution:
ABPTS (OCS) certified: Yes / No
ABPTRFE accredited residency graduate: Yes / No
Employer:
Duration of clinical experience:
Practice setting:
<b><i>I hereby affirm that I have completed all application information accurately and truthfully.</i></b>
Sign / Name / Date