

**International Academy of Orthopedic Medicine –United States
Fellowship Program in Clinical Diagnostics and Orthopedic Manual Therapy**

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FELLOWSHIP PROGRAM APPLICATION

First name	Middle name	Last name		
Home Address	City	State	Zip	Country
Work address	City	State	Zip	Country
Home telephone	Work telephone	Cell Phone		
Email address	Date of birth	Social security number		
Citizenship	United States Resident	Visa		

EDUCATION

High School	City	State	Date of Graduation
College or University	City	State	Transcript Sent <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Acquired	Date of graduation	Cum GPA	
College or University	City	State	Transcript Sent <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Acquired	Date of graduation	Cum GPA	
College or University	City	State	Transcript Sent <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Acquired	Date of graduation	Cum GPA	

How many hours (1 year = +/- 2,000 hours) have you worked as a licensed physical therapist? _____ hrs

How many IAOM-US OMT courses have you attended? _____ Are you OCS? Yes / No

MEMBERSHIP

Include copies of the following memberships with your application:

- (1) IAOM-US; (2) APTA; (3) AAOMPT

LICENSURES AND CERTIFICATIONS

(Please include a copy of each)

License or certificate	State	Date attained	Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL CONTINUING EDUCATION

Attach a complete list of professional continuing education courses completed to your resume

Include the following information: 1) Name of course, 2) teaching organization, 3) location, 4) name of instructor (if possible), 5) date completed, and 6) approximate number of contact hours.

PROFESSIONAL EMPLOYMENT HISTORY

Employer	Address
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Phone	Fax	Start and end dates
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Job title	Name of supervisor
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Description of roles: _____

_____	_____
-------	-------

Employer	Address
----------	---------

Phone	Fax	Start and end dates
-------	-----	---------------------

Job title	Name of supervisor
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Description of roles: _____

_____	_____
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Employer _____ Address _____

Phone _____ Fax _____ Start and end dates _____

Job title _____ Name of supervisor _____

Description of roles: _____

Please provide a hand written summary of your personal and professional aspirations. Be sure to indicate why you are pursuing an advanced clinical fellowship program with the IAOM-US. Tell us why you feel you are an excellent candidate for the program.

Attach Recent Photo Here

APPLICANT'S SIGNATURE

DATE