

## **American Academy of Orthopaedic Manual Physical Therapists**

### **FELLOW RENEWAL APPLICATION**

Application deadline is July 15<sup>th</sup>.

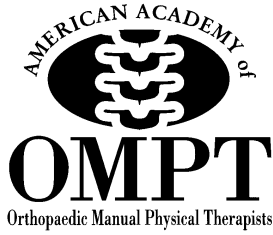
Application must be accompanied by the following:

1. Application fee of \$120.00 for AAOMPT members and \$950.00 for non AAOMPT members.
2. Completion of general information form.
3. Completion of AAOMPT Ten Year Renewal Portfolio.

The AAOMPT fellow renewal applicant must demonstrate participation in the five (5) categories areas over the last ten (10) years. (see criteria in portfolio template)

NOTE: Applicants are not required to submit original documentation of activities with this application form. The standards committee will conduct random audits. If an applicant is selected for an audit(s) the fellow should be able to provide evidence of the activities such as transcripts, course content outlines, research abstracts, article reprints, etc.





**B. MANUAL THERAPY FELLOWSHIP EDUCATION/TRAINING**

Name of Institution/Program \_\_\_\_\_

Location of program \_\_\_\_\_

Date program began/ended \_\_\_\_\_

**C. AAOMPT CHALLENGE PROCESS**

Date of Completion of Challenge Process \_\_\_\_\_

Attach a photocopy of the certificate awarded to you upon satisfactory passing

**D. LICENSE VERIFICATION**

**NAME:** \_\_\_\_\_  
Last First Middle

List the state license number, and expiration date for your current license(s) to practice physical therapy. Check the state(s) in which you are currently practicing.

STATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

STATE: \_\_\_\_\_

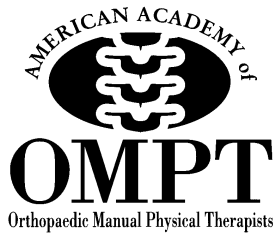
LICENSE #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

STATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_



**E. AFFIDAVIT: VERIFICATION OF TRUTH AND ACCURACY**

I, \_\_\_\_\_, hereby affirm I have completed (Applicant's full legal name [print or type]) all application documents accurately and truthfully.

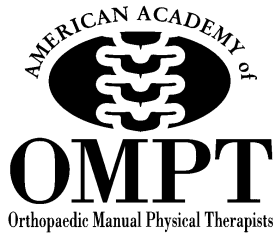
I further understand that any incorrect information or omission of information may result in my not being chosen for membership in the AAOMPT.

I further understand that this status as fellow is valid for a prescribed period of time whereupon renewal of fellow status is required.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Notary Public Name**

\_\_\_\_\_



### 4. AAOMPT Fellow Ten Year Renewal Portfolio

(you may select to place the "evidence" items on a separate page attached to this page)

Criteria	Evidence
<p><b>Patient care</b> Direct or indirect patient care 2000 hours over ten years</p>	
<p><b>Educational Development</b> Continuing education in OMPT and related sciences of 30 CEU or College courses 30 academic credits hours</p>	
<p><b>Teaching</b> 300 contact hours examples (included not limited too): seminar teaching, university course teaching, clinic teaching/instruction, student supervision</p>	
<p><b>Scholarly Activity</b> Three (3) OMPT related content presentations on different occasions and topics examples (included but not limited too): poster presentations, platform presentations, invited speaker, professional writing such as: peered and non peered journal, editor of professional book or publication, author of professional book, reviewer/reader for journal</p>	
<p><b>Professional Service</b> Five (5) different events (each calendar year is one event) examples (included but not limited too): community participation in professional area, state or national APTA involvement (e.g. HOD, committees), AAOMPT committee member</p>	