ORTHOPAEDIC SECTION, APTA, INC.

2920 East Avenue South, Suite 200
La Crosse, Wisconsin 54601
800-444-3982
608-788-3965 Fax
www.orthopt.org

Individual Residency Education Curriculum Offering Verification Form

Residency Program: _____

Address: _____

_____

Program Director/Coordinator: _____

Phone Number:_____ E-mail: _____

Program Credentialed? Yes No

Program Developing? Yes No

If developing, anticipated date of application submission (Month/Year): _____

Start/end date of program (month/year): _____

DIRECTOR/COORDINATOR (NOTE: Directors/Coordinators must be Orthopaedic Section Members to register for the curriculum package)

Name: _____

APTA #:_____ E-mail Address: _____

Mailing Address: _____

As Director/Coordinator I would like to receive the following courses: _____

_____

_____

RESIDENT 1 **(NOTE: Residents must be Orthopaedic Section Members to register for the curriculum package)**

Name: _____

APTA #:_____E-mail address:_____

Mailing Address: _____

_____

RESIDENT 2 **(NOTE: Residents must be Orthopaedic Section Members to register for the curriculum package)**

Name: _____

APTA #:_____E-mail address:_____

Mailing Address: _____

_____

RESIDENT 3 **(NOTE: Residents must be Orthopaedic Section Members to register for the curriculum package)**

Name: _____

APTA #:_____E-mail address:_____

Mailing Address: _____

_____

Course title(s): _____

Resident Fees: 3-monograph course: $45 * 6-monograph course $90 * 12-monograph course: $140
(Add $10 shipping/handling per course, per shipping location

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Credentialed programs: Please submit the following information with this form in order to process your Individual Residency Education Curriculum Offering Verification Form.

- Residency Contract/Appointment Letter

PAYMENT INFO:

Check enclosed (Payable to Orthopaedic Section, APTA)
Credit card: MasterCard, Discover, American Express, Visa (circle one)
Credit card #: _____

Expiration date: _____

Signature of cardholder: _____

Print name of cardholder: _____

Billing address of cardholder: _____

_____

Registration fee (Resident: $400 each) _____

Shipping and handling ($10 per person):_____

Membership fee: _____
(Must be an Orthopaedic Section member to register for the program)

TOTAL: _____