



ORTHOPAEDIC SECTION, APTA, INC.

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

Supplemental Residency Education Curriculum Package 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:

- Entire Residency Curriculum (all 5 courses on CD, along with
supplements for all courses, and the statistics DVD)
 I have already purchased the Residency Curriculum

Director/Coordinator Fees:

- Entire Residency Curriculum (\$400 Orthopaedic Section Members)
- Shipping and Handling \$10.00 per curriculum package

Elected Officers:

Stephen McDavitt,
PT, DPT, MS, FAAOMPT
President

Gerard Brennan, PT, PhD
Vice-President

Steven Clark, PT, MHS, OCS
Treasurer

Thomas G. McPail, Jr.
PT, PhD, FAPTA
Director

Pamela Duffy
PT, PhD, OCS, CPC, RP
Director

Executive Director:

Terri A. DeFlorian

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: _____

Resident Fees for Entire Curriculum Package:

\$400 Orthopaedic Section Members (Residents must be Orthopaedic Section members to register for the curriculum package.)

\$10.00 Shipping and Handling per curriculum

Credentialed programs: Please submit the following information with this form in order to process your Supplementary Residency Education Curriculum Package 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 (Director: \$400) _____

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: _____