ORTHOPAEDIC SECTION, APTA, INC.
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APTA
American Physical Therapy Association

Individual Residency 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 course(s): ______________

____

____

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: ____

____

COURSE TIME: ____

Resident Fees: ♦3-monograph course: $45 ♦6-monograph course: $90 ♦12-monograph course: $140
$10.00 shipping and handling per course

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

- Resident Contract/Appointment Letter

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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 for credit card: ______________________________ ______________________________	Registration fee: ____________ Shipping and handling: ____________ Membership fee: ____________ **TOTAL**: ____________