



Residency Education Curriculum
Individual Course Order Form

Residency Program: _____

Address: _____

Program Director/Coordinator: _____

*(note: Directors/Coordinators **must** all be current APTA Orthopedics Members)*

Mailing address: _____

APTA #: _____

Phone: _____ Email: _____

Program Credentialed? _____ Yes _____ No

Program Developing? _____ Yes _____ No

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

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

Credentialed programs: If registering for the first time, please submit the residency contract/appointment letter with this form in order to process your Curriculum Package order.

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

_____ I am not placing a Director's order, as I have already ordered the courses my residents will be purchasing.

Director/Coordinator Fees:

- 3- or 4-monograph courses: **\$75**
- 6-monograph courses: **\$135**
- 12-monograph course: **\$205**

Enter resident information on reverse side

Resident Information

(NOTE: Residents **must be APTA Orthopedics Members** to register for curriculum courses)

RESIDENT 1

Name: _____

APTA #: _____ E-mail: _____

RESIDENT 2

Name: _____

APTA #: _____ E-mail: _____

RESIDENT 3

Name: _____

APTA #: _____ E-mail: _____

RESIDENT 4

Name: _____

APTA #: _____ E-mail: _____

Course(s) Titles: _____

Resident fees for individual courses:

- 3- or 4-monograph course: **\$75**
- 6-monograph course **\$135**
- 12-monograph course: **\$205**

Payment Information:

Checks made payable to the APTA Orthopedics

Credit Card: (circle one) MC Visa Disc AmEx

Card #: _____ Exp: _____ CVV: _____

Cardholder name: _____ Signature: _____

Billing Address: _____

Director Fee: _____ Resident(s) Fee: _____ **Total Paid:** _____

Submit form to: tfred@orthopt.org