



Application for Fellowship

Via

Fellow Examination/Portfolio Review

**AAOMPT
c/o Examination Committee
12100 Sunset Hills Rd. Suite130
Reston, VA 20190
Phone: 703-234-4116
Fax: 703.435.4390**

2. Physical Therapy Education

a. Entry Level Physical Therapy Education (complete one)

i. Bachelors Degree in Physical Therapy

- (1) Date completed _____
- (2) Institution _____
- (3) Degree initials _____

ii. Certificate in Physical Therapy

- (1) Date completed _____
- (2) Institution _____
- (3) Degree initials _____

iii. Entry-Level Masters Degree in Physical Therapy

- (1) Date completed _____
- (2) Institution _____
- (3) Degree initials _____

b. Advanced Education

i. Masters Degree

- (1) Subject _____
- (2) Date completed _____
- (3) Institution _____
- (4) Degree initials _____

ii. Doctoral Degree

- (1) Subject _____
- (2) Date completed _____
- (3) Institution _____
- (4) Degree initials _____

c. Foreign Education (Entry level physical therapy training only)

- i. Degree earned _____

iii. State _____
(1) License # _____
(2) Expiration date _____

iv. State _____
(1) License # _____
(2) Expiration date _____

4. Orthopedic Clinical Specialist (OCS) Documentation

a. Name: _____
Last First Middle

b. Are you currently certified by the American Board of Physical Therapy Specialties as an OCS? Yes _____ No _____

i. Effective date _____

ii. Number _____

iii. Please enclose a copy of your current certificate that must include the effective date.

c. OCS certification is currently required for admission as a Full Fellow via the challenge examination/portfolio review. If you are currently not certified, you must be OCS eligible at the time you sit for the examination. To be admitted as Fellow, you must complete the OCS certification. If you are not currently OCS certified, please describe the status of your application or plans for completion.

d. OCS Application Status

5. Verification of Physical Therapy Experience in Orthopedic Manual Therapy
Begin with your current position. List only those job experiences that relate to practice in OMPT. Photocopy additional sheets as needed.

a. Name and address of facility:

i. Type of practice or facility

ii. Position Title:

iii. Brief job description:

iv. Name and title of immediate supervisor:

v. Dates of employment (month/year): _____ to _____

vi. List the 5 most common types of disorders treated :

vii. Briefly describe how this experience contributed to your development as an OMPT.

b. Experience in OMPT

Name and address of facility:

i. Type of practice or facility

ii. Position Title:

iii. Brief job description:

iv. Name and title of immediate supervisor:

v. Dates of employment (month/year): _____ to _____

vi. List the 5 most common types of disorders treated :

vii. Briefly describe how this experience contributed to your development as an OMPT.

c. Experience in OMPT

Name and address of facility:

i. Type of practice or facility

ii. Position Title:

iii. Brief job description:

iv. Name and title of immediate supervisor:

v. Dates of employment (month/year): _____ to _____

vi. List the 5 most common types of disorders treated :

vii. Briefly describe how this experience contributed to your development as an OMPT.

d. Experience in OMPT

Name and address of facility:

i. Type of practice or facility

ii. Position Title:

iii. Brief job description:

iv. Name and title of immediate supervisor:

v. Dates of employment (month/year): _____ to _____

vi. List the 5 most common types of disorders treated :

vii. Briefly describe how this experience contributed to your development as an OMPT.

6. Summary Chart of Clinical Experience in OMPT

- a. Column 1 Year
 - i. List positions in chronological order, beginning with the most recent position.
 - ii. List only one position per row.
- b. Column 2 Facility name
- c. Column 3 Number of weeks
 - i. The standard number of weeks for one year of full time employment is 52 weeks per year. Deduct annual vacation leave or protracted periods of absence.
 - ii. If you have worked less than one full year in a facility, adjust the number of weeks to reflect the actual amount of time employed.
- d. Column 4 Hours per week in OMPT
 - i. The standard number of hours worked per week is 40 hours.
 - ii. If you work more or less than full time, adjust the number of hours to reflect the hours worked each week.
- e. Column 5 Total Hours
 - i. To compute the total hours for a row, multiply Column 3 by Column 4
 - ii. Example: 52 weeks 40 hours per week = 2,080 hours.
- f. Column 6 % Clinical Practice Hours
 - i. Estimate the percentage of time spent in clinical practice in OMPT.
 - ii. Clinical practice hours or direct patient care include time spent in evaluation and treatment, travel en route to patient care, patient education and rounds/patient conferences.
- g. Column 7 Total Clinical Practice Hours
 - i. To compute the total number of clinical practice hours for a row, multiply Column 5 by Column 6.
 - ii. Example: 2,080 total hours x .80 (80 % clinical practice) = 1,664
- h. Column 8 Subtotal
 - i. Calculate the total number of clinical practice hours by adding the

previous total in Column 8 to the total of Column 7.

Summary Chart of Clinical Experience in OMPT

1	2	3	4	5	6	7	8
Year	Facility	Number of Weeks	Hours per week	Total hours	% Clinical Practice Hours	Total Clinical Practice Hours	Subtotal

7. Manual Therapy Training: Spinal Courses

Please * courses which provide evidence of training in thrust techniques

- a. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- b. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- c. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- d. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description

- e. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- f. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- g. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- h. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description

- i. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- j. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- k. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

- l. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:

iv. Brief course description:

m. Instructor

- i. Course Title:
- ii. Dates:
- iii. Contact Hours:
- iv. Brief course description:

n. Instructor

- i. Course Title:
- ii. Dates:
- iii. Contact Hours:
- iv. Brief course description

o. Instructor

- i. Course Title:
- ii. Dates:
- iii. Contact Hours:
- iv. Brief course description:

8. Manual Therapy Training: Peripheral Courses

a. Instructor

- i. Course Title:
- ii. Dates:
- iii. Contact Hours:
- iv. Brief course description:

b. Instructor

- i. Course Title:
- ii. Dates:

- iii. Contact Hours:
- iv. Brief course description:

- c. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description

- d. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - iv. Brief course description:

9. Manual Therapy Training: Courses Combining Spinal and Peripheral Material

Please * courses which provide evidence of training in thrust techniques

- a. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - (1) Spinal hours:
 - (2) Peripheral hours:
 - iv. Brief course description:

- b. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - (1) Spinal hours:
 - (2) Peripheral hours:
 - iv. Brief course description:

- c. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - (1) Spinal hours:
 - (2) Peripheral hours:
 - iv. Brief course description:

- d. Instructor
 - i. Course Title:
 - ii. Dates:
 - iii. Contact Hours:
 - (1) Spinal hours:
 - (2) Peripheral hours:
 - iv. Brief course description:

10. Summary Chart: Manual Therapy Training:
Please * courses which provide evidence of training in thrust techniques

Date	Title	Spinal Contact Hours	Peripheral Contact Hours
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Total Course hours	Spinal	Peripheral
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11. Educational Experience: Postgraduate Preceptorship/Residency

- a. Site (Name of Facility)
 - i. Preceptors
 - ii. Dates
 - iii. Total contact hours
 - iv. Brief description of experience:

- b. Site (Name of Facility)
 - i. Preceptors
 - ii. Dates
 - iii. Total contact hours
 - iv. Brief description of experience

- c. Site (Name of Facility)
 - i. Preceptors
 - ii. Dates
 - iii. Total contact hours
 - iv. Brief description of experience

- d. Site (Name of Facility)
 - i. Preceptors
 - ii. Dates
 - iii. Total contact hours
 - iv. Brief description of experience

12. Educational Experience: Academic Courses Relevant to OMPT (Optional)

Academic Institution

Course Title

Dates

13. Educational experience: Independent Study:
(Optional) Please list all areas of study in OMPT.

Description of subject matter studied

Method of Study (journals, texts,
other)

A.

B.

C.

D.

E.

F.

G.

14. Knowledge and experience in the competency area of Teaching or Educational Services

a. Competency : Applicants must provide evidence of involvement in category (i) and one other category.

i. Develop or teach continuing education, staff development or in-service programs for practitioners (provide a copy of a course outline/description of the learning activity)

ii. Develop or teach formal entry-level or advanced curriculum for physical therapy students. (Provide a copy of the course syllabus including learning objectives for the course and/or lecture)

iii. Develop or teach practical or clinical education experience for physical therapy students (Describe your level of involvement)

b. Performance standards: For each of the aforementioned educational

projects submitted, please write a narrative which demonstrates that a minimum of 6 of the following performance standards have been completed. If you have been unable to address 6 of the tasks, please attach an explanation. Your description of the project must:

- i. Identify the educational needs of the learner.
- ii. Identify the current level of knowledge of the learner and identify the appropriate level of knowledge or the skill to be taught.
- iii. Formally state the educational objectives.
- iv. Demonstrate to the learner the content of the lesson.
- v. Provide an example of how the content of the lesson will be used in every day life or clinical practice.
- vi. Provide feedback on performance to the learner.
- vii. Determine that the learner has achieved the objective of the lesson.

c. Please list the item(s) you have selected and any supportive evidence which will be attached.

i. _____

ii. _____

17. Evidence of knowledge and experience in the competency area of research.

a. Competency: All Applicants must complete category (iv) and provide evidence of involvement in at least one of the following:

i. Participate in collaborative research directed primarily by others (Provide the abstract and reference of research projects completed or in progress).

ii. Attend conferences where contemporary research is reviewed/reported (List professional conferences attended in the last 5 years in which original research was presented)

iii. Conduct original research. Method of presentation may include publication, thesis as partial fulfillment of advanced degree requirements, poster presentations, or presentations at professional meetings. (Provide the abstract and reference of research projects completed or in process)

c. Please list the item(s) you have selected and any supportive evidence that will be attached.

i. _____

ii.

18. Case Report:

A single case study must be presented in a publishable format used for *Journal of Orthopaedic and Sports Physical Therapy* resident's case problem.

- a. It must involve a patient with a spinal disorder
- b. It must require that manual treatment to the spine is utilized and with a detailed description of the technique used.
- c. The selected case study must utilize the current literature to support decisions for patient examination, treatment and comprehensive patient management.
- d. The selected case study must include a comprehensive literature review of evidence for manual therapy for the specific case.

Please review a recent issue of the *Journal of Orthopaedic and Sports Physical Therapy* for examples of resident's case problem and the editor's instructions for authors.

19. References

Provide 3 references including: 2 references from practicing physical therapists who have direct knowledge of the applicant's clinical practice; 1 reference from another licensed health care practitioner (MD, DO, PA, or NP).

20. Affidavit: Verification of Truth and Accuracy

I, _____,
(Applicants full legal name (print or type))
hereby affirm I have completed all application documents accurately and truthfully.

I further understand that any incorrect information or omission of information may result in my not being admitted as a Fellow in the AAOMPT.

I further understand that this Membership is valid for a prescribed period of time whereupon

renewal of membership is required.

I further affirm that the photograph of me affixed below is a true likeness of me.

Note to Notary Public:

Please have seal cover a portion of the photograph.

Please affix photograph (passport type)
here.

Signature of Applicant

Notary Public Name
