

# Level I Long Term Manual Therapy Program Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
MA PT License Number: \_\_\_\_\_

**Supervised clinical practice involves treating three patients per day within a 2-hour period.**

How did you hear about this program:

\_\_\_\_\_

The IOMT is interested in candidates with a strong desire to broaden their clinical knowledge and a willingness to learn the Norwegian System of Orthopaedic Manual Therapy. Briefly describe why you would like to be accepted into the IOMT's residency program below (or attach a separate sheet with your response).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A current resume and a \$200 dollar deposit must accompany all applications. The deposit will be refunded if your application is not accepted. Candidates will be notified within four weeks of the receipt of their application. Send completed applications to:*

**The Institute of Orthopaedic Manual Therapy, c/o Professional Physical Therapy  
300 Tradecenter, Suite 1650  
Woburn, MA 01801**