

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. Call (781) 229-9353 or send completed applications to:

**The Institute of Orthopaedic Manual Therapy, c/o ProEx Physical Therapy
210 Commerce Way Suite 120
Portsmouth, NH 03801**