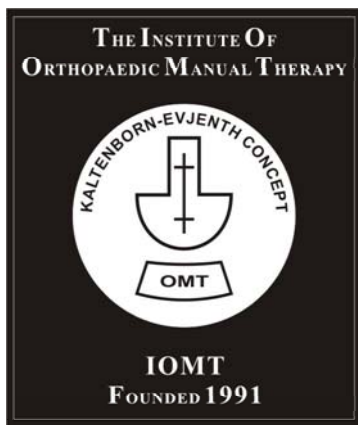


The Institute of Orthopaedic Manual Therapy



Name: _____.

Address: _____.

City: State: Zip Code: _____.

Business Telephone: _____.

Home Telephone: _____.

PT License Number _____.

Supervised clinical practice involves treating three patients per day within a two-hour period. Indicate your first choice for supervised clinical hours:

- Tuesday and Thursday, 7 AM to 9 AM*
- Tuesday and Thursday, 11:15 AM to 1:15 PM*

Note: Choice of clinical hours cannot be guaranteed

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
Orthopaedics Plus, 101 Cambridge Street, Burlington, Massachusetts 01803,
or call (781) 229-9353.**