



North American Institute of Orthopaedic Manual Therapy

North American Institute of Orthopaedic Manual Therapy, Inc.
 1574 Coburg Road, #129 Eugene, OR 97401-4802 Phone/Fax: (541) 344-4777

2009 APPLICATION FOR EXAMINATIONS

PERSONAL INFORMATION:

Name: _____
 Name you want on certificate: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

WORK INFORMATION:

Employer/Business Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

I PREFER TO BE CONTACTED AT: WORK **HOME** **EITHER/NO PREFERENCE**

TRAINING:

University/College: _____ State/Country: _____ Yr of PT Grad: _____
 Degree: BS MS DPT Other _____
 PT License #: _____ PT License Exp Date: _____ PT License State _____

I AM AN ANDREW'S UNIVERSITY STUDENT: YES **NO**

Andrews students must have Andrews University submit an official transcript to NAIOMT. Andrews students are also responsible for a \$665 administrative fee to cover the costs associated with certification. Contact Kathy Berglund with Andrews University or the NAIOMT Exam Coordinator with questions.

NAIOMT COURSE & EXAM HISTORY

Course Title	Complete	Challenge*	Exam Level	Complete	Year
500 Level I Differential DX	<input type="checkbox"/>	<input type="checkbox"/>	LI Online Exam	<input type="checkbox"/>	_____
600 Level II Upper Quadrant	<input type="checkbox"/>	<input type="checkbox"/>	LIUQ Online Exam	<input type="checkbox"/>	_____
610 Level II Lower Quadrant	<input type="checkbox"/>	<input type="checkbox"/>	LIIUQ Online Exam	<input type="checkbox"/>	_____
700 Level III Upper Quadrant	<input type="checkbox"/>	<input type="checkbox"/>	LIII Written	<input type="checkbox"/>	_____
710 Level III Lower Quadrant	<input type="checkbox"/>	<input type="checkbox"/>	LIII Case Histories	<input type="checkbox"/>	_____
800 Level IV Advanced Techniques	<input type="checkbox"/>	<input type="checkbox"/>	LIII OP	<input type="checkbox"/>	_____

* *Challenging Exam/s: If you are pursuing certification and plan **not** to attend certain NAIOMT core courses, indicate which courses in the space/s above. Prior to certification at each level you are required to pay a one-time \$15.00 per day per course fee for all related courses not attended. This is part of your financial obligation toward certification. (Core courses listed above run 6 days.)*

WRITTEN EXAMINATION:

DATE	DEADLINE	EXAM FEE	\$15/DAY/COURSE FEE	LATE FEE	TOTAL
<input type="checkbox"/> March 7, 2009	February 7, 2009	<input type="checkbox"/> \$330.00	\$ _____	<input type="checkbox"/> \$100.00	\$ _____
<input type="checkbox"/> October 3, 2009	September 5, 2009	<input type="checkbox"/> \$330.00	\$ _____	<input type="checkbox"/> \$100.00	\$ _____

Proctor Name: _____ Proctor Relationship: _____

Business Name and Address: _____

Phone: _____ Fax: _____ Email: _____

The proctor must have an individual email and mailing address separate from the candidate/s (unless both are located in the same office). Both parties are responsible for checking their email regularly prior to the examination date as most communications from the exam coordinator prior to the exam will be via email. Candidates and proctors will be emailed or mailed confidential instructions sometime during the week prior to the examination date. Requests for sample questions may be sent to exams@naiomt.com.

CASE HISTORIES:

DATE DUE	DEADLINE	EXAM FEE	RETAKES	LATE FEE	TOTAL
<input type="checkbox"/> March 7, 2009	February 7, 2009	<input type="checkbox"/> \$200.00	____ tests @ \$67 each	<input type="checkbox"/> \$100.00	\$ _____
<input type="checkbox"/> October 3, 2009	September 5, 2009	<input type="checkbox"/> \$200.00	____ tests @ \$67 each	<input type="checkbox"/> \$100.00	\$ _____

ORAL PRACTICAL:

DATE	DEADLINE	LOCATION	EXAM FEE	LATE FEE	LEVEL (CIRCLE ONE)	TOTAL
<input type="checkbox"/> January 13, 2009	December 12, 2008	Seattle, WA	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII Only	\$ _____
<input type="checkbox"/> March 12, 2009	January 12, 2009	Warren, MI	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> March 13, 2009	January 12, 2009	Warren, MI	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> May 9, 2009	February 13, 2009	Denver, CO	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> June 13, 2009	March 13, 2009	Reston, VA	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> June 14, 2009	March 13, 2009	Reston, VA	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> October 1, 2009	July 1, 2009	Dallas, TX	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> November 2009*	August 2009	Berrien Springs, MI	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> December 12, 2009	September 18, 2009	Portland, OR	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____
<input type="checkbox"/> December 13, 2009	September 18, 2009	Portland, OR	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$100.00	LIII LIV	\$ _____

*(date subject to change)

If you are not able to pay the full fee at this time, you may submit a \$500 NON-REFUNDABLE DEPOSIT with your application. The balance is due 12 weeks prior to the exam date or the candidate risks forfeiture of their deposit and time slot. Cancellation may jeopardize the running of the exam; therefore candidate cancellation on or after the 12-week deadline may result in the loss of both the deposit and the remaining examination fee if another candidate cannot fill the vacant time slot. NAIOMT reserves the right to cancel oral practical exams due to lack of registrants.

PAYMENT INFORMATION AND ENCLOSURES:

Total amount of payment: \$ _____

 Check (payable to NAIOMT) or VISA or MasterCard # _____ Exp Date _____

Signature (as it appears on card): _____

Mail the following to NAIOMT: Completed Application Check or Credit Card Information Copy of Curriculum Vitae or Resume

I wish to apply for the examination(s) indicated above and if applicable have included the fee(s) for courses I am not taking. I understand I may choose level III exam components for different dates, but that the application deadlines for each part must be honored. Re-examinations for failed components are at 100% of the original fee and there are no academic appeals. Postponement of exams due to health reasons must be accompanied by a note from a physician and remains at the discretion of the exam coordinator. I hereby certify the information I have provided is true and accurate and I am a currently licensed physical therapist in good standing.

Signature _____ Date _____