

# The Ola Grimsby Institute, Inc.

## International Post Professional Consortium in Orthopedic Manual Therapy

4420 Hotel Circle Court, Suite 210  
San Diego, CA 92108  
Phone: 1 (800) 646-6128 Fax: 1 (619) 298-4225

### Post-Entry Level Application For Admissions

Application Fee: \$75.00

Application for (City of Interest) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Program Applying To (check one):

- Clinical Certification Program
- Residency 8 Months Year I ( Leading to a Doctor of Manual Therapy)(Completion of CCP Program is required)
- Residency Independent Study Year I (Leading to a Doctor of Manual Therapy)
- Residency On-Site Year I (Leading to a Doctor of Manual Therapy)
- Fellowship Program Year II (Completion of Year I Program is required)
- Ph.D. Program

*(In order to apply, you must have a physical therapy degree. Please submit written confirmation that you successfully passed the National Physical Therapy exam. Please request transcripts to be sent from all colleges that you attended that are listed below. Use additional paper if necessary.)*

**Additional Information Required for RESIDENCY PROGRAM:** *(NOTE: The following is not required for the Clinical Certification Applicants).*

- On separate paper, please provide a handwritten autobiographical statement. Include your personal and professional goals, the reasons you are interested in the program, and the qualities you feel you possess in order to be successful.
- Please include a recent photograph.
- Letter references from two employers or professional associates.
- Official transcripts from prior school(s) or universities.
- Copy of your current Physical Therapy License.

**Check categories that apply (optional):**

*(The Ola Grimsby Institute does not discriminate on the basis of race, color, creed, sex, sexual orientation, age, religion, physical disability, national origin, or socio-economic background.)*

- Male             Female
- Hispanic    African- Asian-Pacific American Islander
- Caucasian    Native American    Other\_\_\_\_\_

**Education:**

Name of high school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_ Date of graduation \_\_\_\_\_

Name of college/university \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_ Date of graduation \_\_\_\_\_

Name of college/university \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_ Date of graduation \_\_\_\_\_

Name of college/university \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_ Date of graduation \_\_\_\_\_

**Professional Education:**

*Post Graduate:*

Description	Training	Center	Dates	Designation
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*Certificate:*

Description	Training	Center	Dates	Designation
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*Workshops:*

Description	Training	Center	Dates	Designation
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*Specialties:*

Description	Training	Center	Dates	Designation
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**Certifications and State Licenses:** (Please attach copies.)

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Document	State	Date	Number
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Document	State	Date	Number
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Document	State	Date	Number
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Document	State	Date	Number
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**Professional Work History:** (Begin with current employer. Use additional paper if necessary).

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<b>Employer</b>	Start Date	End Date	Supervisor
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Title and Work Description:

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Address

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City	State	Zip Code	Phone
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<b>Employer</b>	Start Date	End Date	Supervisor
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Title and Work Description:

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Address

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City                      State                      Zip Code                      Phone

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**Employer**                      Start Date                      End Date                      Supervisor

Title and Work Description:

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Address

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City                      State                      Zip Code                      Phone

*The above information is true and accurate to the best of my knowledge:*

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**Student Signature**

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**Date of Application**