

The Ola Grimsby Institute, Inc.

International Post Professional Consortium in Orthopedic Manual Therapy

8550 United Plaza Blvd • Suite 1001
Baton Rouge, LA 70809

Post-Entry Level Application For Admissions

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 in Manual Therapy (COMT)
- Transitional Residency Program Year I (Leading to a Doctor of Manual Therapy) (Completion of CCP or COMT 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.)

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).

Employer	Start Date	End Date	Supervisor
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Title and Work Description:

Address

City	State	Zip Code	Phone
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Employer	Start Date	End Date	Supervisor
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Title and Work Description:

Address

City State Zip Code Phone

Employer Start Date End Date Supervisor

Title and Work Description:

Address

City State Zip Code Phone

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

Student Signature

Date of Application