



**COMT CERTIFICATION EXAMINATION APPLICATION**

**Please attach COPIES of the following and send along with the completed application form:**

- All MAPS Certificates (MT-1, MT-2, MT-3, MT-4, MT-O, and MT-ST or MT-FMC)
- A copy of your current Physical Therapy State License
- A copy of valid photo identification (driver's license, passport, or other valid government-issued photo I.D.)

**(I.) COMT Exam location & Dates**

COMT Exam Location (City/State): \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**(II.) APPLICANT'S PERSONAL DETAILS**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex (circle one):    M    F                      Social Security Number: \_\_\_\_\_

PT License#/(s), State of Issuance, and Dates of Expiration (if available):  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Cell: \_\_\_\_\_ (W): \_\_\_\_\_ Fax: \_\_\_\_\_

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

**(III.) Are there any pending legal or licensing actions against your PT License#/(s) in any of the states listed above?**    *Please circle one:*    YES/NO    If YES, please provide a separate sheet describing such actions.

**(IV.) PRIOR M.A.P.S. COURSE HISTORY**

**Please attach copies of ALL MAPS Certificates of Completion.**

<u>Course:</u>	<u>Date</u>	<u>Location</u>	<u>Instructor</u>
MT-1:	_____	_____	_____
MT-2:	_____	_____	_____
MT-3:	_____	_____	_____
MT-ST or MT-FMC:	_____	_____	_____
MT-4:	_____	_____	_____
MT-O	_____	_____	_____

**(V.) FORM OF PAYMENT**

- Check for \$975.00 made payable to Maitland Seminars
- Credit Card (circle one): \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

Card#: \_\_\_\_\_

Exp.: \_\_\_\_\_ CCV Code (security code): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Card Billing Address (if different from above): \_\_\_\_\_

**(VI.) ACCEPTANCE OF OUTCOME STATEMENT AND MAPS CANCELLATION POLICIES**

I, voluntarily submit to take the MAPS COMT Certification Examinations to become a Certified Orthopedic Manual Therapist (COMT), including written, practical and oral components, in full recognition that the examination of a candidate is a complex process and depends, in part, on the professional opinions of the faculty examiners. I furthermore accept the judgment of the examiners and MAPS as final, regardless of the outcome. I also recognize and acknowledge that the examiners shall use their best efforts to score me as accurately as humanly possible, and that they shall not be held liable, in whole or in part, should I disagree with their final judgment. My signature below indicates that I have a full understanding of the above, and recognize I have no legal recourse if the outcome is not to my liking.

***I further understand that my seat in the COMT Examination is NON-CANCELLABLE, NON-REFUNDABLE AND NON-TRANSFERABLE. By submitting this application to MAPS, I agree to sit for the above examination as detailed in Section I of this application, and if I am unable to take the exam/(s) for any reason, my seat cannot be refunded. Transfers to other MAPS COMT Exams are limited to extraordinary circumstances, cannot be guaranteed and must be requested at least 45 days prior to the originally scheduled examination. Please submit any COMT Examination transfer requests to MAPS in writing via U.S.P.S., e-mail or fax, along with a \$75.00 transfer fee, at least 45 days prior to the originally scheduled COMT examination date.***

***By signing below, I agree to the above and also attest that I have completed this application form accurately and truthfully and I understand that any misrepresentations will disqualify me from sitting for the MAPS COMT Examination.***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Drivers License ID# & State: \_\_\_\_\_ Date: \_\_\_\_\_

***Mail, fax or e-mail this form, along with completed application, including all attachments and payment to:***

**MAPS**  
COMT Certification  
**PO Box 1244, Cutchogue, NY 11935**  
**e-mail: [Erika@ozpt.com](mailto:Erika@ozpt.com)**  
**Telephone: 631-298-5367/Fax: 631-298-3810**