



APPLICATION FOR SPECIALIST

Use this form to apply to be recognized as a specialist in your area by The Therapy Network University.

For details re TTN Specialties, please refer to TTNU's document titled "TTN Specialties"

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| PERSONAL INFORMATION | |
| Full Name | |
| Professional designation (PT, LPTA, ATC etc.) | |
| How do you want to be listed on your certificate and on the specialty listing | |
| | |
| SPECIALTY INFORMATION | |
| What specialty are you applying for | |
| | |
| How long have you been working in your profession | |
| Have you been working at least 2 out of the past 5 years in your specialty area | |
| Have you completed a minimum of 50 post-graduate hours within the past 5 years in your specialty area | |
| If so, pls submit proof of these | |
| Have you treated a minimum of 50 patients with that particular condition, or have you treated a minimum of 50 patients with that specific technique | |
| If so, pls submit proof of these. If unable to, prepare to verbally discuss these | |
| Is your professional license in good standing | |
| | |
| CONTACT INFORMATION | |
| E-Mail address | |
| Phone number you can be reached | |
| | |
| Date | |

