



**MAPS MANDATORY 5 YEAR RECERTIFICATION APPLICATION FORM**  
*Please print clearly*

Name: \_\_\_\_\_

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

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

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

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

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

**Please check ALL that apply:**

**Note: You must also demonstrate that you have completed ONE continuing education requirement from Group I or TWO requirements from Group II (below) within the 5-year Recertification period.**

**PLEASE PROVIDE CERTIFICATES OF COMPLETION FOR ANY OF THE SUBMITTED ITEMS.**

**Group I (only 1 needed)**

- Attend a MAPS Symposium; Provide Date/Location of Symposium:  
\_\_\_\_\_
- Attend an annual AAOMPT Conference or IFOMPT Conference (**Must submit proof of attendance**)
- Be currently enrolled in, or a graduate of an AAOMPT credentialed Fellowship Program and hold an active FAAOMPT designation (**Must submit proof of enrollment, graduation or active status**)
- Be actively enrolled in, or a graduate of an APTA credentialed Residency Program (**Must submit proof of enrollment or graduation**)
- Be actively enrolled in, or a graduate of an Australian Manual Therapy Master's Program at an approved Australian University (**Must submit proof of enrollment or graduation**)
- Active Military Duty
  - o From: \_\_\_\_\_ Until: \_\_\_\_\_

**Group II (minimum of 2 needed) - include certificates of completion with your application:**

- Successfully complete one of the following options:
  - o A live, in-person MAPS course which was not required when you received your COMT (NOTE: if you complete two live, in-person courses, this counts as two items from Group II)
  - o Two On-Demand MAPS courses (two On-Demand courses represents one item from Group II)Name/Date/Location of Course: \_\_\_\_\_  
Name/Date/Location of Course: \_\_\_\_\_
- Pass an ABPTS Specialist Exam in any area (**Must submit PT specialty designation certificate**)
- Publish an article (or be listed as a co-author) pertaining to OMT in a peer-reviewed journal i.e. research article, case study, etc. (**Must include a copy of the article from the official publication**).
- Instruct and/or Lab Assist a MAPS course (**include CE certificates and completed Lab Assist Evaluation Form**):
  - o Name/Date/Location of Course \_\_\_\_\_
  - o Name/Date/Location of Course \_\_\_\_\_

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**CHOOSE YOUR RECERTIFICATION PACKAGE:**

All COMT Recertifications now include a 1-year subscription to our "Find A COMT" listing on the MAPS website which is an interactive, searchable listing with your name, credentials, contact information, clinic website, and a photo. Any updates requested by you during the subscription period are free. **To subscribe to the "Find A COMT" listing for all 5 years of your COMT Recertification, the best value is Package 5.** If you choose to extend your "Find A COMT" listing subscription **AFTER** recertifying your COMT, the cost is \$80 for an additional one-year listing, \$135 for two years, and \$180 for three years.

- \$80: Package 1**– includes COMT Recertification **plus 1 year** "Find A COMT" listing on MAPS website.
- \$125: Package 2** - includes COMT Recertification **plus 2 years** "Find A COMT" listing on MAPS website
- \$165: Package 3**- includes COMT Recertification **plus 3 years** "Find A COMT" listing on MAPS website
- \$200: Package 4**- includes COMT Recertification **plus 4 years** "Find A COMT" listing on MAPS website
- \$225: Package 5**- includes COMT Recertification **plus 5 years** "Find A COMT" listing on MAPS website

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**\*\*\*PROVIDE THE INFORMATION BELOW TO BE USED FOR YOUR  
"Find a COMT" LISTING ON THE MAPS WEBSITE\*\*\***

Your Professional Credentials (i.e., DPT, OCS, FAAOMPT, etc): \_\_\_\_\_

*Note: List only credentials awarded by an accredited degree-granting university, and those recognized by the APTA, AAOMPT, and/or issued directly by MAPS*

Clinic Email address: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Physical Address of your clinic: \_\_\_\_\_

*(Street Address, City/Town, State, Zip code)*

Clinic website address (url): \_\_\_\_\_

*Once your COMT Recertification application is processed, you will receive an email requesting an optional photo to add to your website listing. Please contact [Erika@ozpt.com](mailto:Erika@ozpt.com) if you don't receive the photo request email within 10 days of submission of your COMT Recertification application.*

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**FORM OF PAYMENT:**

- MAPS Fellowship Graduate (no fee) – *note must include proof of active Fellowship membership in AAOMPT*
- Check for \$\_\_\_\_\_ made payable to Maitland Seminars
- Credit Card (circle one): \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

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

Name of Cardholder (if not that of the applicant): \_\_\_\_\_

Billing Address: \_\_\_\_\_

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***I, the undersigned, do attest that I continue to maintain at least part-time (10 hours per week) involvement in clinical patient care, and I further agree to abide by the Code of Ethics of the APTA. I have completed this form accurately and truthfully and I understand that any misrepresentations will result in forfeiture of my right to use the designation COMT.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail/Fax/Email completed application prior to Recertification deadline to:  
MAPS COMT RECERTIFICATION, PO Box 1244, Cutchogue, NY 11935  
Or fax to 631-298-3810 or email to [Erika@ozpt.com](mailto:Erika@ozpt.com)**

If you have any questions, please e-mail them to [erika@ozpt.com](mailto:erika@ozpt.com) or contact us at 1-800-828-0738