



Functional Manual Therapy™ Certification

The Directors and Faculty of the Institute of Physical Art and the CFMT™ Board of Directors hold to the philosophy that Physical Therapists, through a series of integrated continuing education courses, can achieve a predetermined clinical competency level. This competency level should reflect both the system in which they train as well as their own creativity in applying the art of physical therapy to any type of patient population.

The FMT™ Board utilizes the process of certification to identify Physical Therapists competent in the didactic and clinical philosophies, principals, and procedures of Functional Manual Therapy as taught through the IPA and Crunkeyser. Certification week is always scheduled to begin on the first Monday in August in Steamboat Springs, Colorado and last six days (through Saturday evening).

Each class is limited to 32 participants and there is often a two to three year wait list.

WHY BECOME A CERTIFIED FUNCTIONAL MANUAL THERAPIST?

- **To receive validation of your skill and knowledge level by the founders and faculty of FMT**
- **To become eligible for IPA Faculty training**
- **To become eligible to participate in the India Residency Program in New Delhi as a primary Residency Faculty and Senior Clinician at Vardan (see Vardan.in)**
- **To become eligible to run an IPA/FMT Skills Enhancing Residency in the US**
- **To become eligible to apply to work at an IPA Physio Clinic**
- **To continue the learning process of becoming a life changing Physical Therapist who seeks to discover each patient's existing potential**

PREREQUISITES

The FMT Certification requires completion of the following courses five months prior to CFMT week:

CFS, PNF I, FM I, FM II, FMLQ, FMUQ, and FMT™ Foundations

and Functional Gait (three months prior to CFMT)

FUNCTIONAL GAIT (NOTE: You are not tested on this material but it ensures that you are exposed to the interregional dependency concepts referenced in the testing).

The **CFMT EXAM** is comprised of an oral practical and written exam for each of the required seven core curriculum courses (not Gait), preceded by three and a half days of review. Testing is administered by the CFMT Board of Directors and Senior IPA Faculty.

PREPARATION

Please note that most PTs who successfully pass CFMT have taken the required courses twice and participated as a lab assistant in most courses. The CFMT Board strongly recommends that you retake or lab assist in any course that you have not attended within the past 2 years as the testing will cover current material taught within a year of the exam. In addition, most candidates rent the DVD package of recently recorded courses for further in-depth studying that is available to registered CFMT candidates only (once paid in full).

CFMT WEEK SCHEDULE AND FORMAT

The CFMT™ review/certification is conducted over a six-day period. Monday through Thursday are dedicated to review. These review sessions will highlight the key concepts of each course and allow for specific lab practice of some techniques. At the end of the Thursday morning review session, there will be a hosted lunch and a panel discussion with all CFMT Board members to address any questions related to the FMT material or the testing procedures. Friday and Saturday are devoted to written and oral/practical testing. There will be two social gatherings during the week. ONE, on the Sunday prior to the beginning of review in which all candidates will meet the IPA Staff and the Johnson's and pick up their welcome packets and TWO, at the end of the week on Saturday night to relax and enjoy the new friendships and professional bonds developed during the week.

<u>Day</u>	<u>AM Session</u>	<u>PM Session</u>
Sunday		4:00 to 6:00 Meet and Greet Downtown Steamboat
Monday	PNF review 8:00-12:30	CFS review 2:00-6:00
Tuesday	FMI review 8:00-12:30	FMII review 1:15-7:00
Wednesday	FMLQ review 8:00-12:30	FMUQ review 1:15-5:30
Thursday	Foundations 8:30-1:00	Panel Discussion 1:30-2:30 (with hosted lunch)
Friday	Written and Oral/Practical examinations	
Saturday	Written and Oral/Practical examinations	
Saturday PM	Celebration and Fellowship	

GRADING CRITERIA

To pass, the candidate must achieve a score of at least 70% in each written and each oral/practical section for each course, and a minimum of 80% combined score of the written and oral practical for each course. Failure of four or more courses will necessitate re-take of the entire Certification, while failure of two or less allows the participant to only retake those sections to pass (must be completed within one year of initial exam).

CFMT™ examiners will follow specifically designed criteria for grading to maintain the highest standards of objectivity and fairness. All grading decisions will be final. Participants are required to sign a waiver agreeing to abide by all IPA grading decisions, and relinquishing all rights to dispute the same.

Gradation of achievement - The following combined grades will provide the individual candidate a specific category of achievement.

Distinction	94 – 100%
Honors	90 – 93.9%
Pass	80 – 89.9%

NOTE: Distinction and Honors may be awarded only to those achieving the qualifying score during the initial exam and not requiring any retakes.

Testing results will be confirmed in writing within six weeks of the exam. Candidates who pass the examination are awarded a CFMT™ Certificate and will be added to the registry of graduates and afforded the above mentioned opportunities.

It is a firm policy of the IPA that strict confidentiality is observed regarding all test scores. Only lists of those candidates that successfully complete the exam will be made public.

Recertification is required 10 years after receiving your initial certification to retain the designation of CFMT. Please note, in addition to the requirement of Recertification, all Therapist must maintain a good standing with their state board to continue to be recognized as a CFMT and utilize the initials after their name in any public manner.

APPLICATION

Please return the following application once completed, along with any necessary corrections to your transcript, the signed release of liability form, a current photograph, all required information requested with the application, and a \$200 deposit. **The balance in full is due by September 1** prior to the testing year. PLEASE NOTE if you wish to be on a wait list for a previous year.

VERIFY YOUR TRANSCRIPT

Go to <http://instituteofphysicalart.com>. Click “**Log In**” on the dark grey bar near the top right of the home page. Fill in your email address. If you’ve forgotten or don’t know your password, click “**Forgot Your Password**”. Once you have logged onto your account, select “**Transcript**” from the left-hand menu. Please review your transcript, noting any missing courses, lab assists, etc., and return your corrected transcript to us with your application.



Functional Manual Therapy™ Certification Application

YEAR APPLYING FOR _____

(Pricing for future years may change.)

First name _____ Last name _____ Previous surnames _____

Mailing address _____

Home phone _____ Work phone _____ Cell phone _____

(Please circle the phone number that is easiest to reach you at M-F 8:00-4:00 MT).

Email Address _____

Where did you attend PT school? _____

When did you take your first IPA course? _____

In order to answer the following questions, please use a separate sheet of paper and attach to this application.

1. Please summarize, in 100 words or less, your motivation for becoming certified through the Institute of Physical Art.
2. Explain your work situation over the last 18 months (type of patients, number of hours, patients per hour, etc.).
3. Write a paragraph telling us the impact the IPA material has had on your practice.
4. Please give one example (a short case study) of use of IPA material on a specific patient. What did you do? What were the effects?
5. Please provide a current digital photograph of yourself sent by email to cfmt@theipa.co or a hard copy attached to your application. The photo will be used by the faculty to familiarize themselves with who you are. In addition, we will create a welcome poster which will be displayed at the welcome party which will have everyone's picture, name, and where they are from so your classmates can put a name to the face at the beginning of the week.

INDICATE WHEN YOU ANTICIPATE COMPLETING FUNCTIONAL GAIT. _____

SPECIAL TESTING ACCOMMODATIONS

Any special testing accommodations must be received by the IPA no later than April 30th of the testing year. Special accommodations will only be made for individuals providing a detailed diagnosis from a licensed medical professional. Written submissions should detail specific accommodations requested. Requests must be approved by the CFMT Board of Directors, and are not guaranteed. Any costs associated with the special accommodations are the responsibility of the CFMT Candidate.

CANCELLATION POLICY

For cancellations on or before September 1st, eleven months prior to testing: \$200 is non-refundable and nontransferable. Any balance over \$200 is transferable and refundable

For cancellations after September 1, of year prior to the Certification Week for which you are registered, the entire tuition is nontransferable and nonrefundable. Because of the difficulty to alter one's plans and agree to test a year or two earlier with less than one year notice, finding a replacement at that late of a date is very difficult. However, in an emergency, in the event your position can be filled by another eligible candidate, 50% of total tuition is forfeited and 50% is refundable and transferable. Payment in full must be received by another eligible candidate prior to any refund being issued.

All cancellations must be received by the IPA in writing. Cancellation notices may be sent via email to info@theipa.co. Email notification must be confirmed by IPA via reply email by the cancellation deadline. If you send a cancellation notification and do not hear back from the IPA with a confirmation of request, it is imperative that you contact the IPA office. Otherwise, cancellations may also be sent by certified mail to IPA, Attn CFMT Coordinator, 1856 Lincoln, Steamboat Springs, CO 80487. Cancellation via Certified Mail must be RECEIVED by the cancellation deadline.

Signature _____ Date _____



CFMT PAYMENT INFORMATION & APPLICATION CHECKLIST

Date: _____

- \$1,395 Payment in full
- \$200 Deposit (balance of \$1,195 will be due Sept. 1st prior to testing year)

Remittance Amount: _____

Check MC Visa AmEx _____ Exp. Date _____ CV _____

Print name as it appears on card: _____

Authorization Signature: _____

CFMT APPLICATION CHECKLIST:

- Application (page 4)
- Payment Information (page 5)
- Release of Liability (page 6)
- Answers to the 4 Questions (questions are on page 4)
- Picture

NOTE: If your application is not complete and does not include all items listed above, you cannot be registered and may miss out on an opening in the year to which you are applying. BE SURE your application is complete.



RELEASE OF LIABILITY

Course Date: _____

Location: Steamboat Springs, CO

I, the undersigned, am engaging the Certification of Functional Manual Therapy™ ("CFMT") for the purpose of providing me with physical therapy training and testing. I hereby release the CFMT™ board, the Institute of Physical Art, their agents, employees and contractors, including any facilities where instruction takes place, from any responsibility, and I agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to person or property, irrespective of how arising and however caused.

I further agree that all of my physical and medical conditions, limitations and sensitivities are disclosed in writing below, and hereby release and hold the Board, the Institute of Physical Art, their agents, employees and contractors harmless from any liability, claims, damages, actions, causes of action whatsoever in any way relating to or arising from said conditions, limitations, or sensitivities. I expressly agree that all physical therapy, rehabilitative, and exercise training instruction and use of all facilities and equipment shall be undertaken at my own risk, and I represent that I am physically and medically able to undertake any and all physical therapy, rehabilitative, and exercise training instruction provided and the activities related thereto.

I UNDERSTAND AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY CONSTITUTES A COMPLETE WAIVER OF MY RIGHT TO SUE AND COLLECT DAMAGES FROM CFMT™ BOARD OR IPA REGARDLESS OF WHETHER CFMT™ ACTED NEGLIGENTLY.

This Release of Liability and all other aspects of my relationship with the CFMT™ process, contractual or otherwise, are and shall be governed by the laws of the State of Colorado, and I consent to the jurisdiction of the State of Colorado as the sole forum regarding this Release of Liability, if any portion of this Release of Liability is found by a court or other appropriate authority to be invalid, then the remainder of the Release of Liability shall remain in full force and effect.

I represent that no special relationship exists between the CFMT™ process and me, and that I am under no physical, economical or other compulsion to sign this Release of Liability. I acknowledge that the instruction that I will receive from CFMT™ is sufficient consideration for signing this Release of Liability.

I UNDERSTAND AND AGREE THAT THIS RELEASE OF LIABILITY WILL ALLOW IPA TO AVOID LIABILITY FOR ANY FAILURE ON THEIR PART TO USE REASONABLE CARE IN ANY WAY. I RECOGNIZE AND UNDERSTAND THAT THIS IS A RELEASE OF ALL CURRENT AND PROSPECTIVE CLAIMS, AND I HAVE READ THIS RELEASE OF LIABILITY BEFORE SIGNING IT.

All of my physical or medical conditions, limitations or sensitivities are as follows: _____

Name (please print) _____

Date _____

Signature _____