

FOR OFFICE USE ONLY

BATES NUMBER

PAYMENT

INITIALS

COMMONWEALTH OF PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PENNSYLVANIA OSTEOPATHIC MANIPULATIVE THERAPY (OMT) EXAMINATION SCHEDULING FORM

Record the information requested using a ballpoint pen. Where spaces are provided, print one letter or digit per space leaving an empty space between words. Omit punctuation and abbreviate as necessary.

1. REGULAR EXAMINATION DATE: (check one)

- ☐ January 12, 2013
(November 28 deadline)
 ☐ March 9, 2013
(January 23 deadline)
 ☐ June 1, 2013
(April 17 deadline)
 ☐ September 21, 2013
(August 7 deadline)
 ☐ November 9, 2013
(September 25 deadline)

*Applications will be accepted after the deadline with restrictions; refer to the Candidate Information Bulletin for additional information.

2. SOCIAL SECURITY NUMBER: _____ - _____ - _____

3. DATE OF BIRTH: ____ / ____ / ____
MM DD YY

4. NAME

FIRST MIDDLE LAST

MAIDEN/PREVIOUS SUFFIX

5. CORRESPONDENCE INFORMATION:

MAILING ADDRESS - LINE 1

MAILING ADDRESS - LINE 2

CITY STATE ZIP CODE + 4 FOREIGN POSTAL CODE

EMAIL

_____ - _____ - _____
Daytime Telephone Number Evening Telephone Number Fax Number

6. EXAMINATION FEE: (Use the enclosed Payment Form to submit payment. Scheduling form and payment must be postmarked by the scheduling deadline.) **Note: Fees will not be transferred to future examinations. No postponements!**

- ☐ First-time Candidate \$215.00 (late fee \$75, if register after deadline)
☐ Re-examinee Candidate \$170.00 Most recent examination date: _____

PENNSYLVANIA OSTEOPATHIC MANIPULATIVE THERAPY (OMT) EXAMINATION SCHEDULING FORM

7. EXAMINATION LOCATION:

- ☐ Erie Area (Lake Erie College of Osteopathic Medicine) -- June and November ONLY
- ☐ Philadelphia Area (Philadelphia College of Osteopathic Medicine) – All Examination Dates

8. A. EDUCATION:

Name and Address of Osteopathic School (s)	Date of Attendance	Date of Graduation
_____	_____	_____
_____	_____	_____

B. ROTATING INTERNSHIP

Name and Address of Hospital	Beginning Date	Ending Date
_____	_____	_____

9. EXAMINATION HISTORY: Please indicate which examination(s) you have taken. Be sure these results from the testing agency were forwarded directly to the Pennsylvania State Board.

- ☐ National Board Examination ☐ FLEX/USMLE Examination ☐ State Examination

NOTE: Applicants who have passed the COMLEX Level 2-PE/Clinical Skills Examination are deemed to have met the Board's OMT examination requirement. March 12, 2008, the Board decided that applicants would be deemed to have met the Board's OMT examination requirement if the applicant can provide proof to the Board that he/she has completed an osteopathic board certification examination that included an OMT component or provide proof that the applicant completed an OMT examination as a requirement for another state license. The Board will review these requests on a case-by-case basis.

10. SPECIAL MODIFICATIONS: Candidates needing a modification to the examination administration for a documented reason (e.g. disability) must obtain an official modification form from PCS. The completed form must be returned to PCS with all required supporting documentation by the deadline. Candidates must complete and submit this form every time that they apply for the examination and need special modifications.

☐ Check here only if requesting special modifications

11. CANDIDATE AFFIDAVIT: Applicant must read the following paragraph and sign this form attesting to the following: I certify that the statements in this application are true and correct to the best of my knowledge, information and belief; and that I am of good moral character. I verify that this form is in the original format as supplied Professional Credential Services and has not been altered or otherwise modified in any way. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I understand that it is my responsibility to provide all of the required information and documentation by the deadline. Failure to do so will make me ineligible for this examination. I understand that fees are subject to change. I understand that the money that I have paid for the examination date I have selected on this form will not be transferred to future exam dates. I agree that in the event my examination papers are lost, or if the examination is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I further understand that submission of this form acknowledges that I understand and agree to all provisions contained in this form.

Applicant Signature

Date

Mail scheduling materials received no later than the deadline to:

PCS
Attn: PA OMT
P.O. Box 198689
Nashville, TN 37219-8689

OR

PCS
Attn: PA OMT
150 Fourth Avenue, North
Suite 800
Nashville, TN 37219

Toll-free (877) U-TRY-PCS (877) 887-9727
Fax: (615) 846-0153
Web site: <http://www.pcshq.com>

Examination applicants must ALSO submit the application for license to the Board office in Harrisburg by the applicable deadline.

PAYMENT FORM FOR PA OMT

First-Time: \$215 Late Fee - \$75 (if allowed to register after deadline date)
Re-exam: \$170

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below

- ☐ Certified Check *(Please record your Social Security Number on the check)*
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ _____ Please check one: ☐ Visa ☐ MasterCard

Card Number: _____ - _____ - _____ - _____ Exp: _____ / _____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form.

Note: This document will be shredded after it has been processed.