Certification in Functional Manual Therapy®

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. 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 CERTIFIED in FUNCTIONAL MANUAL THERAPY®?
To receive validation of your skill and knowledge level by the founders and faculty of FMT™

- **To apply to the ACOMPTE FMT™ Fellowship program, now offered in four states. To become eligible to partner in opening an IPA Physio Clinic**
- **To apply to the Advanced Mastery program 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™ Residency in the US**

PREREQUISITES

The FMT™ Certification requires completion of the following courses **six months** prior to CFMT® week:

CFS, PNF, FM I, CBI, FMLT, FMLE, FMUE, FMUT, OD Foundations and Functional GAIT

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). There is only a written exam for the Foundations course.

The **CFMT® EXAM** is comprised of eight oral practical and 9 written exams which cover the material of the required course work.

PREPARATION

Please note that most PTs who successfully pass CFMT® have taken the required courses twice and participated as lab assistants in most courses. The CFMT® Board strongly recommends that you retake, or lab assist any course that you have not attended within the past 5 years as the testing will cover current material taught within a year of the exam. In addition, most candidates rent the Course Recording Set of recently recorded courses, at a discounted rate, 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 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.

Day		
Sunday	Meet and Greet	4:00pm – 6:00pm
Monday	Course Reviews	8:00am – 6:30pm
Tuesday	Course Reviews	8:00am – 6:30pm
Wednesday	Course Reviews	8:00am – 6:30pm
Thursday	Course Reviews	8:30am – 1:00pm
	Panel Discussion	1:30pm – 2:30pm
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 eighteen months 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.

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

Distinction	94 – 100%
Honors	90 – 93.99%
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.

The Exam 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. **Balance in full is due by September 1** prior to the testing year.

VERIFY YOUR COURSES

Login to your IPA Courses account and click on the completed tab under “My Courses” to review all courses in which you were enrolled. Courses with a blue “Get Your Certificate” button are the courses we show you have completed. Please alert us if you see any errors or omissions.

Functional Manual Therapy™ Certification Application

YEAR PREFERRED _____

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 8:00-4:00MT

Email Address _____

Where did you attend PT school? _____

When did you take your first IPA course? _____

Have you completed an IPA Residency? N Y If Yes, Date of Completion _____

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. *Please indicate if a part of or whole of this can be used as a testimonial on the web page.*
4. Please give one example (a short case study) of the use of IPA material on a specific patient. What did you do? What were the effects? *Please indicate if a part of or whole of this can be used as a testimonial on the web page.*
5. Please provide a current digital photograph of yourself sent by email to cfmt@ipafmt.com or a hard copy attached to your application. The photo will be used by the faculty to familiarize themselves with who you are.

SPECIAL TESTING ACCOMMODATIONS

Any special testing accommodations must be received by the IPA no later than April 30th of the testing year. Special accommodation will only be provided for individuals providing a detailed diagnosis from a licensed medical professional. Written submission 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 accommodation are the responsibility of the CFMT Candidate.

CANCELLATION POLICY

Cancellation prior to September 1st, eleven months prior to testing, allows for a refund minus $200 if you have not begun participating in the benefits of being registered for CFMT® (priority ½ price registration and rental of course videos for courses you have taken twice). If you have begun participation in benefits only offered to those paid in full for CFMT®, there is no refund, only a transfer to a subsequent year is allowed.

TRANSFER: You may transfer your registration prior to September 1st, eleven months prior to testing, for a $200 transfer fee. Transfer due to pregnancy: With a due date between Apil 15-Sept 15 of the year testing, you much notify the office prior to the 12th week of pregnancy if you wish to defer to a different testing year. You will be allowed to transfer for a $200 transfer fee plus the price difference. If notifying IPA after the 12th week, no refund will be given.

All cancellations and transfer requests must be received by the IPA in writing. Cancellation notices may be sent via email to cfmt@ipafmt.com. 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 confirmation of request, it is imperative that you contact the IPA office. Cancellations may also be sent by certified mail to IPA, Attn CFMT® Coordinator, 1880 Loggers Lane, Unit E, Steamboat Springs, CO 80487. Cancellation via Certified Mail must be RECEIVED by the cancellation deadline.

Signature _____ Date _____

CFMT® PAYMENT INFORMATION & APPLICATION CHECKLIST

Name: _____ **Date:** _____

☐ **$1,745 Payment in full before Sept. 1st prior to your testing year. The cost of CFMT® will increase annually on September 1st. If you register and pay in full for any future CFMT® year, you will be enrolled at the current price.**

☐ **$200 Deposit (balance will be due Aug. 31st prior to testing year).**

Payment plans can be set up, if you would like to have the full tuition paid for by Sept 1st.

Remittance Amount: _____

Circle: Check MC Visa AmEx _____ **Exp Date** _____ **CV** _____
Card Number

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**

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.

CFMT® Year: _____

Location: Steamboat Springs, CO

Release of Liability for (Print Name): _____

I, the undersigned, am engaging the Certification in 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 owners, 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 any and all of my physical and medical conditions, limitations and sensitivities will not prevent my participation in this course and hereby release and hold IPA, their owners, 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 manual therapy, rehabilitative, pain management, exercise instruction, and motor learning instruction 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 pain management 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 IPA or the CFMT Board regardless of whether either acted negligently.

This Release of Liability and all other aspects of my relationship with IPA and the CFMT® process, contractual or otherwise, are and shall be governed by the laws of the State of Colorado and Routt County, CO, and I consent to the jurisdiction of the State of Colorado and Routt County 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 recognize that IPA's services are not essential services, and that I could obtain similar services elsewhere.

I represent that no special relationship exists between IPA or 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 and CFMT® process that I will receive from IPA 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.

Practice Act: I agree to utilize all skills of evaluation, assessment and treatment learned in this course to the extent allowed under the regulations of my professional practice act. I acknowledge that my attendance does not represent authorization by the IPA, the CFMT® board, or any of its officers, to utilize any of the material learned which may lie outside of the strict interpretation of my practice act.

Copyright: All information presented in IPA courses, unless otherwise indicated, is proprietary material, owned by and copyrighted to the Institute of Physical Art, Inc. with all rights reserved. Course information, manuals, and materials may not be shared, presented, duplicated, distributed, or utilized in any manner without prior written authorization from a legal representative of the IPA. I also agree not to video or audio any part of the course or take pictures during instruction without prior written authorization from the IPA.

Signature: _____ Date: _____

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