
Sutherland Cranial Teaching Foundation, Inc.

Course Registration

Student Name _____

Course Name _____ AOA # _____

Title: D.O. / PGY1 / PGY2 / PGY3 / MS4 / MS3 / MS2 / MD / DDS / DMD / Year of Graduation _____

Cell Phone _____

May SCTF add you to our mailing list for course updates and announcements? _____ Yes _____ No

Year & Type of Residency Completed: _____

Address _____

Day Phone _____

E-mail Address _____

Years in practice _____

Are you qualified to apply for a scholarship? (See requirements at sctf.com) _____

Advanced Degrees - Institution & Year:

Degree _____ Year _____ Institution _____

Year _____

Degree _____ Institution _____

Previous OCF Courses: If you need additional space, please provide an attachment SCTF Courses:

Year _____ Location _____ Hours _____

Other OCA Courses:

Year Location Hours Course Director

Year _____ Location _____ Hours _____ Course Director

Other OCF Study Groups, Mentors, and other pertinent experience:

Payment by check saves SCTF the cost of credit card processing fees.

MC / VISA _____ Expires

Please complete and FAX to 503-905-6050 or send with check or credit card information to:
SCTF - 202 Pepperwood Court, Winchester, KY 40391
Email: info@sctf.com
PHONE: 859-274-9519