

Sutherland Cranial Teaching Foundation, Inc.

FACE Course Application

Applicant Name: _____ Title: D.O. / M.D.

AOA # _____

Address: _____

Day Phone: _____ Cell Phone: _____

E-mail Address: _____

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

School & Year of Graduation: _____

Year & Type of Residency Completed: _____

Actual years in Practice (*minimum of 3 years clinical practice required*): _____

Previous OCF Basic Courses (*at least 2 basic courses are required, one of which must be **SCTF***):

SCTF Basic Courses:

Year: _____ Location: _____ Hours: _____ Course Director: _____

Year: _____ Location: _____ Hours: _____ Course Director: _____

Non-SCTF Basic Courses:

Year: _____ Location: _____ Hours: _____ Course Director: _____

Year: _____ Location: _____ Hours: _____ Course Director: _____

Have you previously completed an SCTF Face Course? If so, when: _____

Other OCF Courses, Study Groups, Mentors, and Other Pertinent Experience:

If approved, how will you be providing payment?

Check (payment by check saves SCTF the cost of credit card processing fees)

Card: MC / VISA

Please complete and send to:

Email: sctf.usa@gmail.com

Phone: 859-274-9519

Website: sctf.com