

## 2026 Osteopathy in the Cranial Field: A Basic Course

May 29-June 2, 2026

*To expedite your application, it is recommended that you apply and pay online at <https://sctf.com/sctf-payments/>*

### Personal Information

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Applicant Name:

AOA Number:

Credentials:

(MS3, MS4, PGY1, DO, etc.)

Mailing Address:

City:

State:

Zip:

Email:

Cell Phone:

(to contact you while traveling or during the course)

**A limited number of scholarships are available to medical students and residents. See the last page of this application to see if you are eligible and for information on how to apply.**

### Education

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Name of Medical School:

Year of Graduation:

Name of Residency:

Year of Graduation:

Specialty:

Other Postdoctoral Education:

Year of Graduation:

Specialty:

Other Postdoctoral Education:

Year of Graduation:

Specialty:

Do you have any food allergies or dietary restrictions?

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

**Liability Release:** *(Required)* I acknowledge that I have read the Liability Release and agree to the following statement: *It is the responsibility of ALL participants to use the information provided in the course within the scope of their professional license or practice.*

**Cancellation Policy:** *(Required)* I acknowledge that I have read and understand the following CANCELLATION POLICY and agree to the following statement: *If you find you need to cancel your registration for an SCTF course, a fee of \$200 is applied up to 6 weeks before the course begins. Any cancellation after 6 weeks before the course results in forfeiture of all tuition paid for the course. Extenuating circumstances may be considered.*

**Photo Release:** *(Required)* I agree to allow photos taken at the course, including images that may include me, to be used for electronic distribution or in print for future SCTF advertisements.

## Payment

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PAY ONLINE: <https://sctf.com/sctf-payments/>

OR: Complete and email form to [arausch@sctf.com](mailto:arausch@sctf.com) or complete and send form (with check or credit card information) to:

Amber Rausch

SCTF c/o AAO

3500 Depauw Blvd Ste 1100 Indianapolis, IN 46268

**Credit Card Info:** *(we accept MC, Visa and Discover)*

Name as it appears on the card:

Credit Card Number:

Exp. date:

CVV code:

Amount:

I agree that typing my full name below constitutes a legal signature.

Signature

Date Signed

## Scholarships

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### Scholarship Application: 2026 Osteopathy in the Cranial Field: A Basic Course May 29-June 2, 2026

**Are you eligible?** The SCTF provides a limited number of scholarships for the **Basic Course: Osteopathy in the Cranial Field** to eligible medical students, residents, and fellows. The amount of the scholarship can vary, depending on funding.

**TO APPLY for a Scholarship:** submit a course registration form with a deposit of 50% of the course fee. Scholarship applications will be collected until 8 weeks before the course. The Course Director will then determine the awards on a priority order of PGY4,3,2,1, Fellows, MS4, and MS3. If a scholarship is not awarded, the balance of course fees will be due but may be paid over a 60-day period from when you are notified.

Yes, I wish to apply for a scholarship for the May 2026 SCTF Basic Course: Osteopathy in the Cranial Field.

Applicant Name:

**Previous OCF Courses:** *(If you need additional space, please include an attachment)*

Course Name: Hours: Year Taken:

Sponsor: Location:

(i.e. SCTF, OCA, etc.)

Course Name: Hours: Year Taken:

Sponsor: Location:

(i.e. SCTF, OCA, etc.)

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