

Entrapment Neuropathy: A Continuing Studies Course

October 2-4, 2026

To expedite your application, it is recommended that you apply and pay online at sctf.com

Personal Information

Applicant Name:

AOA Number:

Credentials: *(MS2, PY1, DO, MD etc.)*

Mailing Address 1:

Mailing Address 2:

City:

State:

Zip:

Email:

Cell Phone:

(to contact you while traveling or during the course)

*Have you previously completed at least 2 Osteopathy in the Cranial Field courses, one of which must have been an SCTF basic course **(REQUIRED)**?*

Prior Basic Courses

Year: Sponsor: CME Hrs: Course Director:

City, ST:

Year: Sponsor: CME Hrs: Course Director:

City, ST:

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

Education

Name of Medical School:

Location:

Year of Graduation:

Name of Residency 1:

Year of Graduation: Specialty:

Name of Residency 2:

Year of Graduation: Specialty:

Other

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 following Liability Release and agree to the following statement: It is the responsibility of ALL participants to use the information provided 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 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

Tuition: \$1095

Early Registration BEFORE August 1: \$995

Qualified SCTF Faculty: \$895

Online: You may pay online at <https://sctf.com/sctf-payments/> (*preferred*)

Mail: Send with check or credit card information to:

Amber Rausch
SCTF c/o AAO
3500 Depauw Blvd., Ste 1100
Indianapolis, IN 46268

Payment: (*we accept MC, Visa and Discover*)

Name as it appears on the card:

Card Number:

Expiration Date:

Amount:

By Phone: (317)-358-9675

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

Type Full Name (in lieu of signature)

Date Signed (month, day, year)