

PROFILE

FIRST NAME: _____ LAST NAME: _____
EMAIL: _____
PHONE: _____ MOBILE: _____
MAILING ADDRESS: _____ APT/SUITE/UNIT: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DEMOGRAPHICS

DATE OF BIRTH: _____ PLACE: _____
GENDER: FEMALE MALE OTHER

PROFESSIONAL PROFILE | EDUCATION

INSTITUTION: _____ INSTITUTION: _____
CERTIFICATE OR DIPLOMA: _____ CERTIFICATE OR DIPLOMA: _____
CERTIFICATION YEAR (CAT-C): _____ CERTIFICATION YEAR: _____

PROFESSIONAL PROFILE | EMPLOYMENT OR PRACTICE

CLINIC NAME: _____
ADDRESS: _____ APT/SUITE/UNIT: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____
EMAIL: _____ PHONE: _____
WEBSITE: _____

PROFESSIONAL PROFILE | OTHER

INDICATE ANY OTHER PROFESSIONAL DESIGNATION(S) AND CERTIFICATIONS:

*I acknowledge I have read and accept the terms laid out under the [Terms and Conditions](#) page.
I agree to abide by the OATA Code of Professional Conduct & Ethics. I hereby confirm that the majority of my
professional practice and billing is not as an Athletic Therapist. More than 20% of my current practice is under a
different professional title and professional designation.*

SIGNATURE: _____ DATE: _____