

Course Application:

Please complete and send (along with check or credit card information) to:

Joy Cunningham, 4715 Hillcrest Drive, Yakima WA 98901

Email: jcunningham4715@yahoo.com FAX: 509-453-1808 Phone: 509-469-1520

Name: _____

Address: _____

Day Phone: _____ Mobile Phone: _____

Email: _____

Name & Dates of Course Desired: _____

AOA # (if applicable): _____ Year of Medical Graduation: _____

Year and Type of Residency Completed: _____ Years in Practice: _____

Advanced Degrees (BS, MA, Masters, PhD, DO, MD,) Institution & Year:

Degree: _____ Year: _____ Institution: _____

Degree: _____ Year: _____ Institution: _____

Degree: _____ Year: _____ Institution: _____

Previous OCF Courses: Fill in all that apply as best you can. If you need space for additional data, please provide an attachment.

SCTF OCF Basic Courses:

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

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

Other OCF Basic Courses:

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

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

Other OCF Related Courses:

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

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

OCF Study Groups, Mentors, and other pertinent information:

____ Check enclosed (see website for course cost)

____ MC/Visa _____ exp. date: _____