



<Date>

Dear Bellin College Orthopaedic Manual Physical Therapy Fellowship (OMPT) candidate,

It is with great pleasure that we inform you that the Bellin College Application Review Committee has reviewed your application to the Orthopaedic Manual Physical Therapy Fellowship (OMPT) Program and determined that you meet the requirements to be accepted as a participant in the <Season/Year> Program Cohort.

Your official acceptance into this program is contingent upon the formal execution of this agreement between you and Bellin College. Thoroughly review this agreement, and provide the necessary information to secure your seat in the upcoming cohort.

To secure your seat in the program:

1. Complete this agreement and submit to Bellin College within 5 business days of receipt.
2. Submit your program deposit.
  - a. Please note you will receive a separate email with instructions for submitting your deposit from the Bellin College Bursar within 30 days of the cohort launch.

**Please acknowledge your agreement to the following program terms and conditions:**

- I accept your offer of admission into the <Season/Year> Program Cohort which is to begin on <Date of Start>.
- At this time I am not able to participate.
- I understand as part of the <Season/Year> Start Cohort with a Program term commencing on <Date of Start> and ending not later than three (3) years of active enrollment from this date.
  - a. Complete all required didactic coursework and achieve a passing grade of "A-" or better in each course of the Program;
  - b. Demonstrate evidence of acceptable professional behaviors and growth in generic abilities throughout the Program.
  - c. Participate in effective, safe, and compassionate patient care, commensurate with my level of advancement and responsibility.
- I agree to the Bellin College Appropriate Use and Non-Disclosure Policy

**Please acknowledge your stored payment information and if you need to change your payment, please update it below.**

- Self Paid Invoice
- Employer Paid Invoice
- Self and Employer Paid

<Student Name>

Name of person responsible for billing

<Student Email>

Email contact information for billing purposes

<Student Phone>

Phone number for person responsible for billing

I acknowledge that I have read and clearly understand this Agreement and all program terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date