



APTAofDC@gmail.com

E-mail Advertising Order Form

We send out two member-based e-mail blasts each month
Space is reserved on a first-come, first-served basis.

Cost: \$250 per month

Name and Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

TERMS AND CONDITIONS

If advertising a continuing education program, the date cannot conflict with a DCPTA program.

DCPTA follows the **American Physical Therapy Association (APTA)** position on potential referral for profit advertising disclaimer. APTA is opposed, as a matter of health care policy, to arrangements under which sources of referral (including physicians) stand to profit from referring patients for physical therapy. This policy, adopted by the House of Delegates, states: "The American Physical Therapy Association opposes ... participation in services that are in any way linked to the financial gain of the referral source." Financial Considerations in Practice (HOD 06-99-13-17).

Because of this policy, DCPTA does not accept job postings or advertisements from a company (or individual) if any physician has a financial interest in the practice and refers patients to an employed physical therapist or to a physical therapist who supervises an employed physical therapist assistant. To complete your submission to DCPTA, you must make the following certification by checking the "I agree" box below:

"I certify that no referral source (including any referring physician) has a financial interest in the practice that has the position that is the subject of this advertisement/job posting. Please note that if you agree to this statement, you may be asked to provide conclusive documentation as to the ownership of the facility, the identity of its employees, and the referral patterns of such owners and/or employees before your ad is posted. If APTA in the future discovers that any referral source has a financial interest in your facility (as owner and/or employee), any listings with DCPTA will be removed immediately, with no refunds of payment."

<input type="checkbox"/> I AGREE,	Name	Title
-----------------------------------	------	-------

Any questions involving this requirement may be directed to aptaofdc@gmail.com.

Payment

- Check, payable to DCPTA
- Master Card
- VISA
- American Express
- Discover

Mail to: 18919 Surreywood. San Antonio, TX 78258 **or** E-mail: aptaofdc@gmail.com

Card Number	Expiration Date
CVV Security Code/ or for AMEX – 4 digit code	Cardholder's Name
Billing Address	Zip Code
Signature	