

APTA Mailing List Rental Form



Member Type (Must check at least one box. If ordering more than one, lists will be merged together.)

- Physical Therapist (PTs)
- Physical Therapist Assistants (PTAs)
- Physical Therapist Students
- Physical Therapist Assistant Students

Special Interest Areas (If ordering more than one, lists will be merged together.)

- Acute Care (I)
- Aquatic Physical Therapy (Q)
- Cardiovascular Pulmonary (L)
- Clinical Electro & Wound Management (K)
- Education (C)
- Federal Physical Therapy (R)
- Geriatrics (P)
- Hand and Upper Extremity (S)
- Leadership and Innovation (Y)
- Home Health (B)
- Neurology (N)
- Oncology (T)
- Orthopedics (J)
- Pediatrics (H)
- Pelvic Health (M)
- Private Practice (E)
- Research (D)
- Sports Physical Therapy (F)

AND / OR (circle one)

If you designate "AND," the list will include members in any of the chosen sections WHO WORK WITHIN any of the chosen practice settings. It will NOT include members in any of the chosen sections plus members in any of the chosen practice settings.

If you designate "OR," the list will include people in any of the chosen sections PLUS members in any of the chosen practice settings.

Practice Settings (If ordering more than one, lists will be merged together.)

- Acute Care Hospital (1)
- Hospital Based Outpatient Facility or Clinic (3)
- Private Outpatient Office or Group Practice (4)
- Skilled Nursing Facility (SNF)/ Long Term Care(5)
- Patient's Home/Home Care (6)
- School System (preschool/primary/secondary) (7)
- Academic Institution (post-secondary) (8)
- Health and Wellness Facility (9)
- Research Center (10)
- Industry (11)
- Inpatient Rehab Facility (IRF) (13)
- Other (99)

ABPTS Specialist Certifications

(If ordering more than one, lists will be merged together.)

- Cardiovascular & Pulmonary (CCS)
- Clinical Electro-physiology (ECS)
- Geriatrics (GCS)
- Neurology (NCS)
- Orthopedics (OCS)
- Pediatrics (PCS)
- Sports (SCS)
- Women's Health (WCS)
- Oncology (ONC)
- Wound Management (WMS)

Geographical Segment

- US Only (includes Puerto Rico & US territories)
- US & Foreign
- States (list): _____

(Do not list state if zip code ranges for that particular state are listed below; otherwise, you will receive the full state.)

Zip code ranges—**Limit 4 ranges per order** (Use 3 or 5 digit ranges. Do not list state above if zip code ranges for that particular state are listed below; otherwise, you will receive the full state.)

- 1. _____ 2. _____
- 3. _____ 4. _____

Institution Lists

PT/PTA Accredited Programs (considered a separate order and requires a minimum order charge)

Special Instructions: _____

Contact Information

Member # _____
Name _____
Company _____
Address _____ Phone _____
_____ Email: _____
Are you a list broker: Yes No

The APTA List Rental Service does not accept mailing rental requests from any practice if any physician has a financial interest or ownership in the practice. I agree to these terms and conditions.

Signature

Renter's Name (Typed or Printed)