

Application for Scholarship & Entry into the OTZ Health Education Systems Frozen Shoulder Syndrome Diagnosis & Treatment CE Class & Online Continuing Education Center

Introduction

OTZ Health Education Systems, LLC (OTZ) is accepting scholarship applications to the *OTZ Frozen Shoulder Syndrome Diagnosis and Treatment* CE class held at Parker College of Chiropractic in Dallas, Texas.

Recent patient outcome studies and public demand for this new clinical approach for the treatment of Frozen Shoulder Syndrome initiated the genesis of OTZ. In 2006, Dallas chiropractor Dr. Francis X. Murphy put into practice a unique form of analysis and correction of the condition known as Frozen Shoulder Syndrome (FSS). Over more than two years, hundreds of patients with FSS have sought out Dr. Murphy for this new corrective treatment. The new analysis and treatment for this disorder falls uniquely within the realm of chiropractic. Patients, doctors, students and the general public rely on the OTZ Web site to learn about the causes and nature of FSS, find an OTZ-certified doctor for treatment, or sign up to attend the state-accredited OTZ continuing education and certification class for doctors.

The OTZ Web site also contains the online OTZ Continuing Education Center (CEC), where doctors and other healthcare professionals have access to all OTZ training content in the form of digital online videos. The entire OTZ curriculum of Learning Modules has been produced in digital video and is available online to all OTZ class attendees. The videos show OTZ instructors presenting the CE class content, which is derived from the 300-page first edition of the *OTZ Physician's Training Manual* published in July 2009.

To be certified and accepted into the OTZ Professional Provider Network, each pre- and post-graduate OTZ student must attend the 12-hour OTZ FSS continuing education (CE) class. Classes are held in the OTZ Training Center located at Parker College of Chiropractic in Dallas, Texas, USA.

Important Questions & Answers

What qualifications are necessary for a student to gain access to the OTZ Continued Education Center?

Each attending student must be in one of the final two quarters or trimesters of chiropractic or medical school. Although chiropractic and medical students may complete the process of Professional Provider certification, they are only awarded full certification after commencement and a diploma has been issued from an accredited chiropractic or medical school. Also all students must receive their diploma within one year of completing the twelve-hour CE class in Dallas Texas.

How long will I be a certified OTZ Health Care Provider after completing the certification process?

Certification is valid for one year after the OTZ Professional Provider certificate is dated and issued. This provides the certified doctor with full access to the virtual OTZ Health Education Center. The OTZ Continued Education Center will continue to provide growing knowledge and the latest information on the subjects relevant to our curriculum. Certification additionally offers all doctors presence in the OTZ Doctor's Directory. The directory provides the only valid verification of each doctor's Professional Provider certification and command of the material. The doctor's directory also enables patient's seeking care around the country and world to find a local OTZ Professional Provider. After one year all certified doctors may remain certified by purchasing tuition to the virtual OTZ Health Education Center.

NOTE: *It is required that each doctor recertifies in person at the live training center at Parker College in Dallas, Texas every three (3) years.*

Submission Instructions

Complete the **Application for Scholarship, Instructor Endorsements, Essay, and Applicant Signature** sections below. Please hand print in black ink or attached separate documents. You may print multiple copies and provide to your instructors simultaneously to help speed the endorsement process.

Application for Scholarship

This scholarship provides for the cost of all learning materials and access to the otzhealth.com web address, which are necessary to complete the OTZ Professional Provider certification process. This scholarship does not provide for lodging, travel or any other expenses incurred while completing the OTZ Professional Provider certification.

Applicant's Name: _____ **Date:** _____

Name of college (presently attending):

Estimated date of graduation:

Where do you intend on practicing health care when you graduate?

What was your grade point average in the last completed grading cycle?

What is your overall grade point average at the school you presently attend?

What is your reason for becoming a doctor? (50 words or less. Attach a separate sheet if necessary.)

Do you have Internet access?

What extra-curricular activities are you involved in?

Are you interested in cooperative patient care with other health care professionals?

If successful in completing the OTZ Professional Provider certification would you consider working in a multidisciplinary practice as specialist in your field?

Each applicant is asked to collect three (3) endorsements from teachers or professors whose class you have completed and passed.

Essay

In 500 words or fewer, please describe the nature of your interest in attending the OTZ Frozen Shoulder Syndrome Physician's Training Class. Please print in black ink or attach a separate document.

Applicant Signature

Scholarship Applicant's Signature: _____

Date: _____

Please complete the following form in black ink or attach a separate document. Once completed, please return the form to the student in a sealed envelope, with your signature on the envelope flap.

Instructor Endorsement 1

I know _____ to be a hard working, honest, intelligent, student, who would be an excellent ambassador of health care and this institution.

Comments:

Name: _____ Course Name: _____

Signature: _____ Date: _____

Please complete the following form in black ink or attach a separate document. Once completed, please return the form to the student in a sealed envelope, with your signature on the envelope flap.

Instructor Endorsement 2

I know _____ to be a hard working, honest, intelligent, student, who would be an excellent ambassador of health care and this institution.

Comments:

Name: _____ Course Name: _____

Signature: _____ Date: _____

Please complete the following form in black ink or attach a separate document. Once completed, please return the form to the student in a sealed envelope, with your signature on the envelope flap.

Instructor Endorsement 3

I know _____ to be a hard working, honest, intelligent, student, who would be an excellent ambassador of health care and this institution.

Comments:

Name: _____ Course Name: _____

Signature: _____ Date: _____