



Feel better, Be Better, Get to Yes!

<https://www.yespt.biz>

FRIENDS APPLICATION

YOUR CLINIC DIRECTOR SHOULD ENTER THE INFORMATION BELOW:

If your application is approved, Yes! will list your clinic(s) in the Friends section of our website. We will recommend that clients visit your clinical site(s).

Your Clinic Name _____

Clinic Location(s) _____

Your Name _____ Your Position _____

Your degrees/credentials _____

Where did you obtain your PT degree(s)? _____

Contact info (we may plan a brief site visit): _____

Is your clinic affiliated with an APTA / AAOMPT-approved residency? _____

If yes, how many currently enrolled? _____

How many / percent of your therapists are ABPTS certified? _____

How many / percent of your therapists are FAAOMPT? _____

Why do you want your clinic to be a friend of Yes!?

You can email this form to us: askus@yespt.biz