



APPLICATION PROCESS

Thank you for your interest in the Certification in Orofacial Myofunctional Therapy (COMTSM) application.

This document explains the process by which to apply for certification through the AOMT.

The first step in your application is confirmation of your eligibility status.

Eligibility is awarded to students who have:

1. Completed the Introduction to Orofacial Myofunctional Therapy course with the Academy of Orofacial Myofunctional Therapy
2. Hold a license in an allied health field (in good standing)

Allied health fields that are eligible to apply for certification include:

- Dental Hygiene
- Dentistry/ Orthodontics
- Speech Language Pathology
- Occupational Therapy
- Physical Therapy
- Chiropractic
- Medical Doctor (MD, DO)
- And Others

Once you complete your eligibility submission, you will be contacted to continue the application. The application includes:

1. 100 Question Examination
2. Case Study Submission
3. Mentorship Hours (15) with the Myo Coffee Klatsch (Live or Recorded)
4. Observation hours with 3 Allied Health providers (2 hours minimum each)

Applicants who pass the assessments above will be contacted and awarded their certification status.



CASE STUDY

A case study shows that treatment in myofunctional therapy has been applied. A case must follow three months minimum. Habit elimination is accepted.

Clinical Case Report—Written Overview

The written clinical case report should be presented in a typed, double-spaced format with each section clearly presented in a heading format described below. The following is a brief overview of each section contained in the clinical case report.

Please remember this is a genre of writing that embodies sufficient relevant information, yet remains succinct.

I. Assessment

A. Introduction (1 paragraph)

This short section provides the reader with some basic information about your patient. This consists of a general description- such as age, gender, educational level, school status, occupation or employment, and living situation. Include how many sessions you've seen the client(s), over what period of time, and in what treatment form (in person, telepractice) the sessions took place.

B. Presenting Problem(s) (1 paragraph)

Provide the client's reason for initially seeking treatment. This is the basis for coming to myofunctional therapy at the time. In this section you would include the referral and/or how they were sent to you.

C. Medical History (1-2 paragraphs)

A well-documented medical history provides information relevant to the client's current condition. This section includes information about significant medical or dental history, previous therapies, and issues that have resulted in the current state of the client's health.

D. Assessment (2-3 paragraphs)

This section provides you with the opportunity to disclose what you found in your myofunctional assessment. You may include photos and measurements.

II. Treatment

A. Goals and Interventions

Using an outline format, name 3 primary patient therapeutic short and long-term goals based on your assessment and needs of the patient. Support each long-term goal with three interventions per goal. Remember that goals are written in the future tense; interventions are written in the past tense. Each goal should include a reference to the sections on Presenting Problems (I-B) and Assessment (I-D).

Describe only those goals and interventions that seem most important to the progress of treatment. The goals are what the client wants to accomplish (with your concurrence) and the interventions are what you have done to assist them in achieving these goals. Goals and interventions should be as concrete and specific as possible. Therefore, the goals are written in a "To achieve" type format and the interventions are written in an "I did such and such" type structure.

B. Referrals and Adjunctive Services (1 paragraph)

Using the same format as (A) above, identify referrals (at least one) to adjunctive services to support the client's stated or implied goals.

III. Resolution

A. Resolution (1-3 paragraphs)

Progress in the work is occurring or not occurring? Summarize gains or movement towards goals. The title for this section may be a bit misleading. Symptoms may or may not have reached a resolution. Describe what has actually happened in your treatment with the client. What progress, if any, is being achieved toward reaching the goals? To what degree have the issues or problems been resolved? How successful has the client been in meeting goals? What has worked or not worked with treatment? What behavioral evidence is there that change has taken place?

B. Risk and Prognostic Factors (1 paragraph)

This section may be challenging, for it contains a forecast. What environmental factors might contribute to the goals of therapy being achieved? Again, as in the diagnostic part, open this section with a definitive statement about the client's possibilities. Something like, "The prognosis for the (person's name) is excellent, good, fair, guarded, poor." Choose only one. After providing this observation, offer some behavioral or strong clinical evidence that supports your prognosis. Include what the future long term expectations of habituation/ maintenance or problem resolution are, and what you believe the client will need to do to resolve the problems or issues. Substantiate your prognosis with specifics from the client's history, progress in therapy, and support from research. This section must be based on History (I D) and Resolution (III A).

C. Self-Reflection (1 paragraph)

Reflect upon your therapeutic relationship with the client, including any dynamics or issues or other areas in which you feel or felt challenged. What questions could you pose in mentorship that would help improve your clinical outcomes and skills in this case?



OBSERVATION

Observation of a specialist in an allied health field is a part of the certification process. Please use this form to submit relevant information and any notes about the experience. The specialist signature is required.

Applicant Name:

Date of Observation:

Specialist Name, Address

Notes

Signature of Specialist

Notes (cont.)

