



Licensing Information, Instructions and Application

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General Information

Advanced Soft Tissue Release Institute is pleased that you have shown interest in becoming a licensed ASTR provider. We are striving to revolutionize the medical field by researching, inventing, and developing advanced instruments, devices, and methodologies for treating pain at its source. Our goal is to facilitate widespread accessibility to non-invasive, fast, long-term relief for the millions affected by painful injuries and ailments.

ASTR Licensing Program Includes

- Access to ASTR:
 - Patents
 - Use of ASTR Instruments
 - Trademarks
 - Copyright materials
 - Treatment protocols
 - Home exercise programs
- Frequent updates
- Online education and support
- Comprehensive assessment and treatment for the neuromuscular and musculoskeletal system

Applicant Eligibility Requirements

- Healthcare Degree: Eligible providers must hold a health care degree (i.e. in medicine, physical therapy, occupational therapy, osteopathic medicine, chiropractic therapy, naturopathic medicine, or physician assistant, physical therapy assistant, massage therapy, athletic training, exercise physiology, etc.) from an accredited school in the United States or Canada, or an equivalent program from another country.
- Healthcare License: Eligible providers must hold a current license from the appropriate authority (unless licensure is not required in one's country of practice).
- Medical Student: Eligible providers pursuing a health care degree (for example in medicine, physical therapy, occupational therapy, osteopathic medicine, chiropractic therapy, naturopathic medicine, physician assistant, or physical therapy assistant) from accredited school in the United States or Canada, or equivalent program from another country.

Healthcare providers not meeting the above requirements may contact ASTR. Petitions will be evaluated on a case-by-case basis.

Licensed ASTR Provider Requirements

- Complete the online course or physical course and pass all the tests
- Submit all required documents
- Pay the licensing fees

Licensed ASTR Renewal Requirement

Clinicians must renew their ASTR license before the expiration date. ASTR licensed healthcare providers can renew their licenses by completing **one** of the following options **every two years**:

- Watch ASTR renewal educational videos
- Attend at least one Advanced Soft Tissue Release renewal conference

Expired ASTR License

1-888-210-2787

www.ASTRinstitute.com

If a clinician is unable or unwilling to renew their ASTR license, they will no longer be able to use the following trademarks: ASTR, ASTRs, Advanced Soft Tissue Release, and Advanced Soft Tissue Release Specialist or titles after the license expires. Clinician information will be removed from our websites and clinician will not be able to access ASTR education materials and updates.

If a clinician is unable to renew his/her ASTR license due to extenuating circumstances, please contact our office and the course of action will be determined on a case-by-case basis.

ASTR License Prohibit

- Replicating, producing and/or selling ASTR Instruments
- Selling ASTR protocols or teaching materials
- Teaching others ASTR materials, except the clinicians (instructors) who received extra training to teach ASTR materials.
- ASTR Instructors are prohibited from teaching ASTR materials to other individuals outside the classes that assigned or organized by ASTR institute. (see instructor contract agreement for more details)

Application Process

- Completed application form
- Copy of Driver License
- One of the following:
 - Copy of current/active medical or healthcare practitioner license(example: Physical Therapist, Physical Therapy Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Chiropractor, Osteopathic Doctor, Naturopathic Doctor or equivalent.
 - Copy of the medical degree/ diploma
 - Copy of medical student registration or ID that indicates of the medical speciality

Appeals Process

In the event that the Advanced Soft Tissue Release Institute finds that an applicant does not meet the eligibility requirements, the applicant will be notified that they have not been accepted to our program. If the applicant wishes to appeal a denial of acceptance, they must submit a request of reconsideration within 30 days of the date on the denial notification letter/email. Appeal requests must state the reason for which the applicant believes they do meet the eligibility requirement or why an exception should be made. In addition, any materials that may support the appeal request must be submitted.

Please submit all materials in one packet to:

Mailing Address:

ASTR Institute
26895 Aliso Creek Rd. Suite B270
Aliso Viejo, CA 92656

Fax: (949) 315-4325

Email: Support@ASTRinstitute.com

ASTR License Application Form

Contact Information

(Please use your legal name that matches your identification)

Last Name _____ First Name _____ Degree _____ Date of Birth ___/___/____ Gender ___Male ___Female

Phone _____ Email _____

Address _____ City _____ State/Province _____ Zip _____ Country _____

Work Address _____ City _____ State/Province _____ Zip _____ Country _____ Work Phone _____

How did you hear about ASTR?

___ Mail ___ Colleague ___ ASTR website ___ Email ___ LinkedIn ___ Internet search ___ Youtube ___ Other: _____

Academic History

Please list all health professional education:

Name of School	Location	Start mo/yr	End mo/yr	Degree Earned/ Date Conferred

Clinical Practice History

States in which you are licensed: _____ License number: _____ Years in practice: _____

Medical (or other) Specialty: _____

Has your license ever been revoked or found guilty of negligence or malpractice by a court, administrator, or disciplinary proceeding? ____ Yes ____ No

If yes, explain: _____

Payment Information

Payment Method

____ Check enclosed with application (payable to ASTR)

____ Visa ____ Master Card ____ Discover

Card Number _____ Exp. Date _____

Security Code _____

Cardholder Name (Print) _____

Billing Address _____ City _____

State _____ Zip _____

Signature _____

(approval of payment)

ASTR Website Provider List

Please write clearly the information you want to be shown on ASTR's Website:

Name: _____ Title: _____

Address: _____ Phone: _____

Clinic website: _____ Email: _____

By signing here, I hereby authorize Advanced Soft Tissue Release Institute to accept my application and payment to be reviewed whether all application materials are enclosed or submitted separately. By signing and submitting this application, I promise that the information contained in this application is true, complete, and correct to the best of my knowledge. I understand that if any information is later determined to be false, Advanced Soft Tissue Release Institute has the right to revoke any license that has been granted. I have read and agree with Advanced Soft Tissue Release Institute licensing agreement. I have read, agree and understand all of the policies and procedures included within this packet.

Signature of Applicant _____ Date _____