



*Canadian Academy of
Manipulative Therapy*

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Canada's Member Organization of the
**International Federation of Manipulative Therapy
(IFOMT)**

This is to certify that

Gregory E. Spadoni

Has met all the requirements for membership as a

Fellow

Having successfully completed an examination system recognized by the

*Orthopaedic Division of the
Canadian Physiotherapy Association*

Dated *March 1, 2005*

In attestation thereof
this date we have
set our hand

President _____

Secretary/Treasurer _____