Contact information  please print

Name:  
Company name (if applicable):

Address:

City:  State /Province: Country:  Zip /Postal code:

Phone day:  Evening:  Email:

Course registration

- Application must be accompanied by proof of certification or degree.
  Additional information (ex. detailed resumé and/or letter of reference) may be required.
- Space is limited and applications will be processed on a first come-first-served basis.
- Space will ONLY be reserved upon the receipt of application and a 20% deposit of the course fee.
- Fees for courses do not include required course materials, applicable taxes or exam fees.
  Prices are subject to change without notice.
- For full details on cancellation and change policies contact the training facility.

Rehabilitation program – STOTT PILATES

Designed for licensed physical or occupational therapists, sports medicine professionals and chiropractors

☐ RM1 Spinal, Pelvic & Scapular Stabilization: Matwork – 18 hrs

☐ RM2 Peripheral Joint Rehabilitation: Matwork – 18 hrs

☐ RR1 Spinal, Pelvic & Scapular Stabilization: Reformer – 18 hrs

☐ RR2 Peripheral Joint Rehabilitation: Reformer – 18 hrs

☐ RCCB1 Spinal, Pelvic & Scapular Stabilization: Cadillac, Chair & Barrels – 24 hrs

☐ RCCB2 Peripheral Joint Rehabilitation: Cadillac, Chair & Barrels – 18 hrs
Location preferred

☐ Corporate Training Center, Toronto, ON

☐ Licensed Training Center: (specify)

☐ Host Site: (specify)

Start date requested

Course eligibility

Applications for the Rehabilitation Program are accepted from the following licensed or certified professionals only:

☐ Physiotherapist / Physical Therapist

☐ Physiotherapy / Physical Therapy Assistant

☐ Occupational Therapist

☐ Occupational Therapy Assistant

☐ Chiropractor

☐ Osteopath

☐ Medical or Sports Medicine Doctor

☐ Final Year Health Professional Student

☐ Professional with a minimum of two years of full-time study from a certifying / licensing / degree-granting institution in anatomy, physiology, injury prevention, exercise prescription with clinical experience, AND who has been granted the right to assess, diagnose, treat, and prescribe exercise for the rehabilitation and / or prevention of injuries

Relevant education

Outline your experience in the rehabilitation field

Describe your education: Include number of years, when / where you studied and what specialties were included

List related certifications or other courses of study
Rehab course application cont’d

Relevant experience

Outline your rehab experience (describe type of work and any specialities)

______________________________________________________________

______________________________________________________________

Describe your experience in other exercise modalities

______________________________________________________________

______________________________________________________________

Outline your Pilates experience
(describe when and where, indicate the STOTT PILATES method or other)  □ none  □ 1-10 hrs  □ 10-30 hrs  □ 30+ hrs

______________________________________________________________

______________________________________________________________

Personal information

Do you have any injuries, conditions or postural issues? Are you currently pregnant or have you recently given birth?
Failure to disclose any issues prior to enrollment may result in your removal from the course.

______________________________________________________________

______________________________________________________________

How did you hear about MERRITHEW and its education program?

______________________________________________________________

______________________________________________________________

Why are you interested in incorporating Pilates into your professional practice?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
Are you using this course to fulfill continuing education credits?  □ Yes  □ No

If yes, for what organization?

payment method

☐ Deposit only  ☐ Full payment  ☐ MasterCard  ☐ VISA  ☐ AMEX  ☐ Cheque  ☐ Money order

Card number: ________________________________ Exp: __________________________

Name on card: ___________________________ Signature: ___________________________

Cancellation policy: If the student cancels their workshop or course enrollment less than four weeks prior to the start date of the workshop or course, there will be no refund of monies paid. Where the student cancels their enrollment with greater than four weeks notice the 20% deposit will be forfeited toward the cancellation fee.

I hereby agree:

☐ I plan to attend all course hours:  □ Yes  □ No

☐ I certify that the information provided on this application is accurate.

☐ I understand that failure to provide accurate information may result in my removal from the certification program.

I have included the following:

☐ 20% non-returnable/non-transferable course fee deposit  ☐ Full payment of course materials

☐ Proof of certification or degree  ☐ Two letters of reference  (should reflect course prerequisites, teaching abilities and character)

☐ Detailed resumé / CV of education / experience

Signature: ___________________________ Date: ___________________________

email your application

Send your application to educationadvisor@merrithew.com