

# Rehab Course Application

## STOTT PILATES® Rehab Program

For training center contact information visit [merrithew.com/education/wheretotrain](http://merrithew.com/education/wheretotrain)

### 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.
- ▶ 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

**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

# Rehab Course Application cont'd

## 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  
\_\_\_\_\_  
\_\_\_\_\_

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# Rehab Course Application cont'd

## Relevant experience

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

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Describe your experience in other exercise modalities

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Outline your Pilates experience

(describe when and where, indicate the STOTT PILATES method or other)

none    1-10 hrs    10-30 hrs    30+ hrs

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## 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.

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How did you hear about Merrithew and its education program?

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

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# Rehab Course Application cont'd

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

If yes, for what organization?

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## complete your registration

Once the application is approved through Merrithew Head Office, contact the training center for payment to complete your registration

### 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:

- Proof of certification or degree
- Detailed resumé / CV of education / experience

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## email your application

Send your application to [educationadvisor@merrithew.com](mailto:educationadvisor@merrithew.com)

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### Education

2200 Yonge Street, Suite 500, Toronto, ON, Canada M4S 2C6  
416.482.4050 (head office) [educationadvisor@merrithew.com](mailto:educationadvisor@merrithew.com)  
toll-free: 1.800.910.0001 (NA) | 0800.328.5676 (UK)