

rehab course application

STOTT PILATES® REHAB PROGRAM

For training center contact information visit 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.
- ▶ 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 _____

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

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?

rehab course application cont'd

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:

- | | |
|---|---|
| <input type="checkbox"/> 20% non-returnable/non-transferable course fee deposit | <input type="checkbox"/> Full payment of course materials |
| <input type="checkbox"/> Proof of certification or degree | <input type="checkbox"/> Two letters of reference
<i>(should reflect course prerequisites, teaching abilities and character)</i> |
| <input type="checkbox"/> Detailed resumé / CV of education / experience | |

Signature: _____ Date: _____

email your application

Send your application to **educationadvisor@merrithew.com**

Education

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