Rehab Course Application

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STOTT PILATES® Rehab Program

For training center contact information visit **merrithew.com/education/wheretotrain**

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

Contact information please print						
Name:		Company name (if applica	Company name (if applicable):			
Address:						
City:	State /Province:	Country:	Zip /Postal code:			
Phone day:	Evening:	Email:				
Course registra						
	accompanied by proof of certification on on (ex. detailed resumé and/or letter of	_				
▶ Space is limited and a	applications will be processed on a first	t come-first-served basis.				
	not include required course materials, a change without notice.	pplicable taxes or exam fees.				
For full details on car	ncellation and change policies contact	the training facility.				
Rehabilitation p	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						



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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				
Registered Nurse	Registered Massage Therapist				
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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Detail 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?				



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Are you using this course to fulfill continuing education credits?	Yes No			
If yes, for what organization?				
complete your registration				
Once the application is approved through Merritehw Head Office, contact the training	g center for payment to complete your registration			
I hereby agree:				
I plan to attend all course hours.				
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: D	ate:			

email your application

Send your application to educationadvisor@merrithew.com

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