## rehab course application – REHABILITATION PROGRAM

page **one** of four

### mail your application to:

STOTT PILATES 2200 Yonge Street, suite 500, Toronto ON, Canada M4S 2C6 or fax: 416-482-2742 attn: Education Dept.

If you would like to take your course at one of our Licensed Training Centers or Hosting sites around the world, please mail this application directly to that location. For the correct postal address, visit the facility's web page.

For Licensed Training Centers contact information visit www.stottpilates.com/education/centers.html For Hosting sites contact information visit www.stottpilates.com/education/hostcenters.html

#### contact information please print

| name:          |              | company name (if applica | company name (if applicable): |  |  |  |  |
|----------------|--------------|--------------------------|-------------------------------|--|--|--|--|
| address:       |              |                          |                               |  |  |  |  |
|                |              |                          |                               |  |  |  |  |
| city:          | prov./state: | country:                 | postal / zip code:            |  |  |  |  |
| telephone day: |              | evening:                 | email:                        |  |  |  |  |

#### course registration

Applications must be accompanied by a detailed resume / CV outlining education and experience, two letters of reference, a deposit of 20% of the course fee, a deposit of 20% of the materials fee, and proof of certification. Space is limited and applications will be processed on a first come-first-served basis.

Space will ONLY be reserved upon the receipt of all application materials and deposits.

**Prices are subject to change without notice.** Fees for courses and workshops do not include required course materials or applicable taxes. Course fees are due two weeks before course start date. **Deposits and course fees are non-refundable. Deposits are non-transferable.** For full details about our registration and cancellation policy, contact us.

#### rehabilitation program

- RMR1 Spinal, Pelvic & Scapular Stabilization: Matwork & Reformer 24 hrs
- RCCB1 Spinal, Pelvic & Scapular Stabilization: Cadillac, Chair & Barrels 24 hrs
- RMR2 Peripheral Joint Stabilization: Matwork & Reformer 24 hrs

RCCB2 Peripheral Joint Stabilization: Cadillac, Chair & Barrels – 16 hrs

### start date requested

2200 Yonge Street, Suite 500, Toronto, ON, Canada M4S 2C6 Telephone 416-482-4050 Fax 416-482-2742 Email education@stottpilates.com Toll-Free North America 1-800-910-0001 UK 0800-328-5676

www.stottpilates.com

Education

# rehab **course** application (cont'd)

page two of four

#### location preferred

|    | Corporate Training Center:          | Toronto, ON      |   | Tribeca, NY | Denver, CO |             |
|----|-------------------------------------|------------------|---|-------------|------------|-------------|
|    | Licensed Training Center: (specify) |                  |   |             |            |             |
|    | Host Site: (specify)                |                  |   |             |            |             |
| pa | <b>yment</b> method                 |                  |   |             |            |             |
|    | deposit only 🗌 full payment         | MasterCard 🗌 VIS | Д | AMEX        | check      | money order |

name on card:

account number:

signature:

exp:

#### reference letters

Letters should reflect course prerequisites, your teaching abilities and character

#### course eligibility

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

| Physiotherapists / Physical Therapists   |
|--|
| Occupational Therapists  |
| Chiropractors  |
| Osteopaths   |
| Medical or Sports Medicine Doctors   |
| professional with a minimum of 2 years of full time study from a certifying/licensing/degree granting institution in anatomy, physiology,            |
| injury prevention, exercise prescription with clinical experience, who has been granted the right to assess, diagnose, treat, and prescribe exercise |
| for the rehabilitation and/or prevention of injuries   |
|  |



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# rehab **course** application (cont'd)

#### 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)

| Deceribe |      | aveariance | in  | ath ar | oversise | modalities |  |
|----------|------|------------|-----|--------|----------|------------|--|
| Describe |      | experience | 111 | OTHER  |          | monannes   |  |
| Describe | your | coperience |     | ourier | CACICIDE | moduntics  |  |

Outline your Pilates experience (describe when & where, indicate if STOTT PILATES method or other)

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

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## rehab course application (cont'd)

#### 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 STOTT PILATES and its education program?

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

| re you using this course to fulfill continuing education credits? 🗌 Yes 🗌 No If yes, for what organization?   |
|---|
|   |
| plan to attend all course hours: 🗌 Yes 🗌 No   |
| hereby certify that the information provided on this application is accurate.<br>understand that failure to provide accurate information may result in my removal from the certification program. |
| have included the following:  |
| 20% non-refundable / non-transferable course fee deposit  |
| 20% non-refundable / non-transferable course materials deposit  |
| ] Two letters of reference  |

- Detailed resume / CV of education / experience
- Copies of official documents verifying qualifications (proof of certification)

Applications that do not include the above will not be processed.

| signature: | date: |
|------------|-------|
|            |       |



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