



BSPTS APPLICATION
Level 1 Certification Course (C1)

Applicant Name:	
Credentials: (PT, MPT, DPT)	
State License #:	
Home Address:	
Phone Home/Cell:	
Business Email Address:	<i>*We will email course information as course date approaches. Please check your spam folder so you don't miss any course information.</i>
Personal Email Address: <i>(to receive SBI newsletter)</i>	
Employer Name:	
Employer Address:	
Employer Phone\Fax:	
Employment Years: - Total years employed - Years at current employer	
Avg. Hrs/Wk in Patient Care	
Describe Current Patient Care Mix (ortho, neuro, peds, scoliosis, etc.):	
Describe Your Past Training/Experience in Scoliosis Patient Care:	
Describe Your Goals for Using Method Following Course Completion:	
Course Applying For: (date and location)	

How Did You Hear About Us:	
Additional Information:	
Participation All course attendees are required to participate in exercise lab. Please list any conditions that may influence your ability to participate in lab:	
Do you have scoliosis?	Yes / No
If yes *, please answer:	
Age of diagnosis:	
Severity (Cobb angle):	
Current symptoms:	
Past treatment:	
Limitations:	

** Please note: If you have a known scoliosis, please bring your most recent x-ray with you.*

I understand that completion of C1 course does not guarantee C1 certification, and that in order to obtain certification, I must pass the BSPTS C1 written exam given at the end of the C1 course. A score of 75% is required for passing. If I fail to pass the C1 exam, I will be required to retake the C1 exam within 3 months, which may be proctored from a remote location. If I fail a second time, I will be required to take the course at full cost before retaking the certification exam.

I understand that BSPTS C1 certification is primarily intended for use in 1:1 individual physical therapy treatment of patients with Adolescent Idiopathic Scoliosis (AIS). It may be applied with limitations in other cases, such as neuromuscular scoliosis. It is not intended for entry level use in adults with painful, degenerative scoliosis, group therapy, or immersion type training, which are best provided after C2 certification (see below). I also agree that I will not use the material to train other physical therapists in treating scoliosis.

I understand that in order to retain my BSPTS C1 certification, I must attend the BSPTS C2 course between 1-3 years following C1. Failure to attend C2 within 1-3 years of C1 will result in loss of my C1 certification. BSPTS C2 certification is required for treatment of adults with degenerative and painful scoliosis, patients post scoliosis spinal surgery, and providing group and immersion type training.

I agree to sign the BSPTS Ethics of Practice Agreement upon completion of the C1 course.

Applicant Name

Applicant Signature

Date

CEUs: 64 (CEU's are approved in the state in which the course is taught. CEU approval for state in which the student resides/practices is the responsibility of the student)

Course Fee: C1 - \$2,950

Course payment is due **in full** at the time of registration, no later than 30 days prior to start date of course. Once payment is received, you will receive an email with payment confirmation and course details. Class size is limited to 6-10. Early registration is recommended. Course may be paid by check made payable to:

___ New York, NY: Hagit Berdishevsky

Mail to: Hagit Berdishevsky, 16 East 96th Street 1B, New York, NY 10128

___ Boston, MA: Spine Academy PT

Mail to: Spine Academy PT, c/o Amy Sbihli, MPT, DPT, 33 Summer Street, Lexington, MA 02420

___ Milwaukee/Wauwatosa, WI: Spinal Dynamics of Wisconsin

Mail to: Spinal Dynamics of Wisconsin, 3333 N Mayfair Road, Suite 101, Wauwatosa, WI 53222

___ Steven's Point, WI: Scoliosis Rehab Inc.

Mail to: Scoliosis Rehab, 2918 Post Road Suite B, Stevens Point, WI 54481 or

To fax/scan and pay w/cc# call 877-734-2220

___ California: Scoliosis Rehab Inc.

Mail to: Scoliosis Rehab, 2918 Post Road Suite B, Stevens Point, WI 54481 or

To fax/scan and pay w/cc# call 877-734-2220

Course Cancellation Policy:

Due to the involved nature of course organization, cancellation policy is as follows:

1. If registrant cancels with less than 30 days notice:
 - If cancelled spot is filled with another attendee, a refund will be issued, less 10% service charge
 - If cancelled spot is not filled, there will be *no refund* of course fees.
2. If registrant cancels with more than 30 days notice:
 - Refund will be issued, less 10% service charge
3. We reserve right to cancel the course at any time due to low attendance or other conflicts.
 - Should the course be cancelled by instructors, full refunds will be issued.
 - Should an unavoidable course interruption occur, arrangements will be made for course completion at a later time.