

NDT/BOBATH CERTIFICATE COURSE IN THE MANAGEMENT AND
TREATMENT OF CHILDREN WITH CEREBRAL PALSY AND OTHER
NEUROMOTOR DISORDERS

NDTA, INC. COURSE APPLICATION Course#10B106

Dates: 09/10-09/15, 2010	02/18-02/21,2011
10/15-10/18,2010	03/18-03/21,2011
11/12-11/15,2010	04/15-04/18,2011
01/14-01/18,2011	05/13-05/16,2011

Location: Paso Del Norte Children's Development Center ECI

Application Fee: a non-refundable \$25.00 application fee must accompany this form in order to process the application. Please make checks payable to: Linda Kliebhan El Paso NDT

Course Tuition: Tuition is \$4,500 for NDTA members and \$4,695 for non-NDTA members. NDTA membership dues are \$105.00 per year. To obtain a membership application, go online to <http://www.ndta.org/benefits.php> , or call 800-869-9295. Priority will be given to qualified applicants from El Paso ECI, all other qualified applicants will be accepted into the course in the order the applications are received, subject to their discipline (OT/PT/ST). Participants will be notified within 30 days of receipt of their application and a \$100.00 non-refundable deposit will be required to guarantee a place on the course. Your acceptance contract with \$100.00 down payment will be due within 2 weeks of notification of your acceptance into the course. The balance of tuition will be due in 2 installments \$ 2,200(NDTA members) or \$2297.50(non NDTA members) on 8/31/10 and 01/02/11.

Please make all checks payable to: **Linda Kliebhan El Paso NDT**

PLEASE PRINT OR TYPE

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ PT _____ OT _____ SLP

UNIVERSITY ATTENDED: _____

CURRENT EMPLOYMENT & EMPLOYMENT HISTORY

Present Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Current Position: _____

How long have you worked in your present job? _____
years/ mo in pediatrics? _____ Total # of years as a therapist? _____

Hours per wk, during the past year of direct therapy with children who have CP?
5 – 15 hours _____ 16 – 25 hours _____ 26 – 40 hours _____

Do you plan to return to this same employer after the course? _____
If not, what are your plans? _____

If you are accepted, will you be able to participate in all of the physical requirements of this course? This includes lifting and carrying children, facilitation of classmates, being facilitated by classmates. YES _____ NO _____
If no, please describe your possible limitation: _____

Do you have any special requests/needs to be considered during the course?
Please explain: _____

MISCELLANEOUS

Will you need housing if accepted? YES _____ NO _____
Will you have a car? YES _____ NO _____

REASON FOR COURSE APPLICATION

Please use a separate single sheet of paper to write your reasons for applying to this course. Include how and where you plan to apply the knowledge and other pertinent information.

PLEASE MAIL ALL OF THE FOLLOWING:

1. Application
2. Copy of your professional licensure (certification, registration)
3. Copy of professional malpractice liability insurance
4. Copy of NDTA Membership
5. Application fee
6. Copies of prior course rejection letters, where applicable*

*Priority will be given to applicants who have applied at least three times over a three year period, and who meet the minimum requirements, but were not selected. Copies of the letters received from the instructors indicating the applicant was not selected must accompany the fourth application.

****APPLICATION WILL NOT BE PROCESSED WITHOUT ALL ITEMS RECEIVED****

I understand that the NDTA is not a sponsoring agency, does not present or offer the course, but merely lends accreditation to the course. The Coordinator-Instructor and the course faculty are not employees, agents, or authorized representatives of

NDTA. I understand that I cannot attend the course if proof of professional malpractice liability insurance has not been received. I agree to indemnify NDTA of any professional malpractice, and I will show proof of malpractice insurance to cover my involvement in the course.

In accepting a position in this course, I understand that my performance will be evaluated by the instructors, and that my successful completion of the course and receipt of certification will depend upon my meeting standard objective behavioral criteria established for all participants in the course. Neither I nor anyone who has incurred expenses for my taking this course is entitled to any financial reimbursement should circumstances require that I leave the course for any reason, or in the event that I do not successfully complete the course.

I agree that the above application information is true and correct, and I agree to all of the terms and conditions contained herein, and intend to be bound thereby.

Printed Name

Signature

Date: _____

Return application as soon as possible with deadline of July 15, 2010

TO: Linda A. Kliebhan
3228 W. Joliet Ct.
Mequon, WI 53092