NDT/Bobath Certificate Course in the Management of Adults with Stroke and Brain Injury

APPLICATION CHECKLIST (all must be submitted in order for the application to be completed)

☐ 1. Completed Application
☐ 2. Reason for Course Application
☐ 3. Letter of Recommendation
☐ 4. Copy of Current License
☐ 5. Proof of Current Malpractice Insurance
☐ 6. Proof of NDTA membership if applicable, so you can qualify for the lower tuition rate

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1. COMPLETED APPLICATION:

PLEASE PRINT OR TYPE

Name____ Date_________________

Home Address_____________________________________City______________________

Province or State_____________________________ Postal/Zip Code ___________________

Home Phone (_____)_______________________ Work Phone (_____) _____________________

Email____

Occupation: ☐ Physiotherapist ☐ Occupational Therapist ☐ Speech Language Pathologist

University Attended ________________________________Graduation Date_____________

CURRENT EMPLOYMENT

Present Employer ____

Address____

Position: (Supervisor, Staff, Rotating, Non-rotating, etc.) _________________________________

Type of facility (Acute, Rehab, Home Care, etc) _____________________________________

How long have you worked in your present job?________ Are you employed: ☐ Full Time ☐ Part Time

Hours of direct therapy weekly with adults with hemiplegia (past year): ☐ 2-5 hrs/wk ☐ 6-10 hrs/wk ☐ > 10 hrs/wk

Do you plan to continue to actively treat patients with adult hemiplegia after the course?__________________

Responsibilities

Percent of time **weekly** and number of hours:

Supervision/Administration	25%	50%	75%	100%	_________
Direct Patient Treatment	25%	50%	75%	100%	_________
Clinical Teaching (hours/year)	25%	50%	75%	100%	_________
Clinical Research	25%	50%	75%	100%	_________

Experience

Total years experience as therapist: ______________________________
Total years full-time experience with adults: ______________________________
Total years part-time experience with adults: ______________________________
Total years experience with adult hemiplegia: ______________________________

Describe any prior courses or training you have had regarding NDT:

Course Name	Instructor(s)	MM/YY	Where was course held
______________	______________	______	______________
______________	______________	______	______________

Are other staff members at your facility NDT Trained? ☐ Yes ☐ No

Name	Discipline	MM/YY and where trained	Instructor(s)
______________	______________	______________	______________
______________	______________	______________	______________
______________	______________	______________	______________

Is another team member from your facility applying for this course? ____________________________________

If yes, Name and Discipline:____

LICENSURE STATUS/MALPRACTICE LIABILITY INSURANCE

You are required to have malpractice liability insurance which will cover you during your participation in the course. If accepted, you will be required to submit proof of current coverage.

You must submit a copy of your current professional license/registration with your application. You may be required by provincial/state practice act to obtain temporary licensure in the province in which this course is held. The Coordinator Instructor(s) will notify you, if this is necessary.

If you are accepted, will you be able to participate in all of the physical requirements of this course? This includes transferring severely involved patients, facilitation of classmates, being facilitated by classmates, etc. ☐ Yes ☐ No

Possible Limitations (please describe):

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2. REASONS FOR COURSE APPLICATION

Please write on a separate sheet of paper, your reasons for applying for this course. Describe your present professional role and include how and where you plan to apply the knowledge acquired in this course. Include any other pertinent information.

3. LETTER OF RECOMMENDATION

The letter of recommendation, which should include:

1. Name of the applicant
2. Brief description of the applicant's clinical skills, including his/her most effective areas of patient treatment
3. Description of the applicant's ability to function in a group
4. Description of the applicant's ability to function in a learning situation, including his/her ability to receive constructive criticism
5. Writer's name, position, and place of employment

4. COPY OF CURRENT LICENSE

You must submit a copy of your current professional license/registration with your application

5. PROOF OF CURRENT MALPRACTICE INSURANCE

You are required to hold malpractice liability insurance which will cover you during your participation in the course. Please submit a copy with your application.

6. PROOF OF NDTA MEMBERSHIP

Please submit a copy of your NDTA membership to obtain the lower tuition rate.

I understand that NDTA is not a sponsoring agency, does not present or offer the courses, but merely lends accreditation to the courses. The Coordinator Instructors 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 and Toronto Rehabilitation Institute for any professional malpractice, and, upon acceptance into the course, 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 a certificate of completion, shall depend upon my meeting standard objective behavioural 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 not successfully complete the course.

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

____________________________ (Signature)

__________________ (Date)

Note:

We reserve the right to cancel this course, if necessary. Full tuition will be reimbursed in the event of course cancellation.