

# STOTT PILATES®

## Rehab Course Application

### STOTT PILATES® REHAB PROGRAM

For training center contact information visit [merrithew.com/education/wheretotrain](http://merrithew.com/education/wheretotrain)

#### contact information *please print*

Name: \_\_\_\_\_ Company name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip / Postal code: \_\_\_\_\_

Phone day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

#### course registration

- ▶ Application must be accompanied by proof of certification or degree. Additional information (ex. detailed resumé and/or letter of reference) may be required.
- ▶ Space is limited and applications will be processed on a first come-first-served basis.
- ▶ Space will ONLY be reserved upon the receipt of application and a 20% deposit of the course fee.
- ▶ Fees for courses do not include required course materials, applicable taxes or exam fees. Prices are subject to change without notice.
- ▶ For full details on cancellation and change policies contact the training facility.

#### Rehabilitation 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

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

Rehab Course Application cont'd

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rehab Course Application** cont'd

**relevant** experience

Outline your rehab experience — *describe type of work and any specialties*

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Describe your experience in other exercise modalities

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Outline your Pilates experience

— *describe when and where, indicate STOTT PILATES method or other*

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

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**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.*

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How did you hear about MERRITHEW and its education program?

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

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Rehab Course Application cont'd

Are you using this course to fulfill continuing education credits?  Yes  No

If yes, for what organization?

payment method

Deposit only  Full payment  MasterCard  VISA  AMEX  Cheque  Money order

Card number:

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Cancellation policy:** If the student cancels their workshop or course enrollment less than four weeks prior to the start date of the workshop or course, there will be no refund of monies paid. Where the student cancels their enrollment with greater than four weeks notice the 20% deposit will be forfeited toward the cancellation fee.

I hereby agree:

- I plan to attend all course hours:  Yes  No
- 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:

- 20% non-returnable/non-transferable course fee deposit
- Proof of certification or degree
- Detailed resumé / CV of education / experience
- Full payment of course materials
- Two letters of reference
- Two letters of reference  
*should reflect course prerequisites, teaching abilities and character*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

email your application

Send your application to [educationadvisor@merrithew.com](mailto:educationadvisor@merrithew.com)

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