



**BSPTS APPLICATION**  
**Level 1 Training Course (L1) – 2020**

<b>Applicant Name:</b>	
<b>Credentials: (PT, MPT, DPT)</b>	
<b>State License #:</b>	
<b>Home Address:</b>	
<b>Phone Home/Cell:</b>	
<b>Business Email Address:</b>	<i>*We will email course information as course date approaches. Please check your spam folder so you don't miss any course information.</i>
<b>Personal Email Address:</b> <i>(to receive SBI newsletter)</i>	
<b>Employer Name:</b>	
<b>Employer Address:</b>	
<b>Employer Phone\Fax:</b>	
<b>Employment Years:</b> - Total years employed - Years at current employer	
<b>Avg. Hrs/Wk in Patient Care</b>	
<b>Describe Current Patient Care Mix (ortho, neuro, peds, scoliosis, etc.):</b>	
<b>Describe Your Past Training/Experience in Scoliosis Patient Care:</b>	
<b>Describe Your Goals for Using Method Following Course Completion:</b>	
<b>L1 Course Applying For:</b> <b>(date and location)</b>	

<b>How Did You Hear About Us:</b>	
<b>Date of Completion of Online BSPTS Basics Course and Examination (see below) *</b>	
<b>Additional Information:</b>	
<p><b>IMPORTANT LAB INFORMATION FOR STUDENTS ATTENDING L1</b></p> <p>All course attendees are required to participate in exercise lab.</p>	
Please list any conditions that may influence your ability to participate in lab:	
<b>Do you have scoliosis?</b>	Yes / No
If yes *, please answer:	
<b>Age of diagnosis:</b>	
<b>Severity (Cobb angle):</b>	
<b>Current symptoms:</b>	
<b>Past treatment:</b>	
<b>Limitations:</b>	
<p><b>X-ray</b> We strongly recommend you bring your x-ray (CD and printed) with you to class. If you do not have an x-ray, please contact us and we can help you coordinate getting an x-ray prior to class</p>	<p>___ Yes I have an x-ray and will be bringing it to class</p> <p>___ No I do not have an x-ray and need assistance in coordinating an x-ray prior to class</p>

I understand that my final acceptance into this L1 course is contingent upon me completing the online Basic Course (including passing the online examination) prior to attending this L1 Course. The Online Basic Course is available at [www.bspts.net](http://www.bspts.net). NOTE: You may REGISTER for L1 course prior to completing the Online Basic Course but you must COMPLETE AND PASS the Online Basic Course prior to the start of the L1 course. Failure to do so will result in cancellation of your L1 course attendance (see cancellation policy below)

I understand there will be a written exam at the end of Level 1. At the end of Level 1 you will get information about how to prepare a Case Report Paper and Presentation to get access to Level 2.

I understand that the L1 course is the first of a 3-part course program through BSPTS. Advancement to subsequent courses is contingent on passing competency evaluations. The maximum number of trials for passing the competency evaluation is three. If not passing after 3 trials, it will be obligatory to repeat the previous level course (offered at 50% cost reduction). Only two repetitions of each course level are permitted.

The minimum time to finish BSPTS certification from Level 1-3 will be **21 months**. Minimum time between Level 1 -2 is 9 months, and from level 2 -3 is one year. The maximum time to finish BSPTS certification from level 1-3 will be **six years**. In the event a student does not finish the 3-level certification program in six years, it would be necessary to restart the course series.

Full course information can be found at [www.bspts.net](http://www.bspts.net)

I understand that BSPTS L1 training 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 for patients with other scoliosis such as neuromuscular scoliosis. It is recommended that students complete L2 training prior to treating adult painful degenerative scoliosis, or prior to offering group or immersion type therapy. The completion of the full 3-part program is recommended for optimum competency in treating scoliosis.

I agree that I will not use the L1 material to train other physical therapists in treating scoliosis.

I agree to sign the BSPTS Ethics of Practice Agreement upon completion of the L1 course.

I agree to the course cancellation policy below.

### **Course Cancellation Policy:**

1. If registrant cancels with less than 30 days notice (including failure to complete Basic Course)
  - 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: (including failure to complete Basic Course)
  - 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.

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**CEUs: 48**

(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: L1 - \$2,800**

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 course instructor:

\_\_\_ New York, NY: Hagit Berdishevsky

Check/Mail to: Hagit Berdishevsky, 16 East 96<sup>th</sup> Street 1B, New York, NY 10128

\_\_\_ Boston, MA: Spine Academy PT

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

\_\_\_ Milwaukee/Wauwatosa, WI: Spinal Dynamics of Wisconsin

Check/ Mail to: Spinal Dynamics of Wisconsin, 3333 N Mayfair Road, St 101, Wauwatosa, WI 53222  
(or to pay with credit card call 414 302 0770)

\_\_\_ Stevens Point, WI: Scoliosis Rehab Inc.

Check/ Mail to: Scoliosis Rehab, 2918 Post Road Suite B, Stevens Point, WI 54481  
(or to pay with credit card call 877-734-2220)

\_\_\_ California: Scoliosis Rehab Inc.

Mail to: Scoliosis Rehab, 2918 Post Road Suite B, Stevens Point, WI 54481 or  
(or to pay with credit card, call 877-734-2220)