

<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>(please check spam folders for course notifications!)</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 Following Course Completion:</b>	
<b>L2 Course Applying For:</b> <b>(date, location)</b>	

<b>How Did You Hear About Us:</b>	
<b>Date and teacher of Completion of L1 Course (REQUIRED)</b> <b>NOTE: Timeframe between L1-3 is 9 mos to 3 yrs</b>	
<b>If entering L2 from the C1 pathway, please state the date of completion of the C1 course. Prerequisite to L2 NOTE: Complete Online BASE Course/Exam and complete 3C and 4C case study (contact C1 instructor for case protocols.)</b>	
<b>Additional Information:</b>	
<b>IMPORTANT LAB INFORMATION FOR STUDENTS ATTENDING L1</b> (All course attendees are required to participate in the exercise labs).	
Please list any conditions that may influence your ability to participate in lab:	
<b>Do you have scoliosis?</b> If yes *, please answer below:	Yes / No
<b>Age of diagnosis:</b>	
<b>Cobb angle:</b>	
<b>Current symptoms:</b>	
<b>Past treatment:</b>	
<b>Limitations:</b>	
<b>X-ray</b> 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	<input type="checkbox"/> Yes I have an x-ray and will be bringing it to class  <input type="checkbox"/> No I do not have an x-ray and need assistance in coordinating an x-ray prior to class

## **BSPTS APPLICATION AND AGREEMENT** **Level 2 (L2) Course**

### **Course Registration:**

I understand class size is limited to 10. Registrations will be accepted on a first come first serve basis. Course payment is due **in full** at the time of registration.

### **Case Report:**

I understand case report submission and approval is required prior to final acceptance into the L2 course. I furthermore agree to have the case study submitted no later than **8 weeks** prior to the L2 course dates (some exceptions may apply).

### **Course Advancement:**

I understand the L2 course is the second of a 3-part course program through BSPTS. Advancement from L2 to L3 will be contingent on passing a L2 competency assessment. If I do not pass the evaluation within the maximum 3 trials, it will be obligatory to repeat the previous level course (at 50% cost reduction).

### **Full BSPTS Certification:**

Completion and passing of the L3 course is necessary for full BSPTS certification.

### **Course Timeframes:**

Full certification (Levels 1-3) may be completed between 21 mos (minimum) and 6 years (maximum)  
Full course information can be found at [www.bspts.net](http://www.bspts.net)

I agree that I will not use the L2 material to train other physical therapists in treating scoliosis.  
I agree to sign the BSPTS Ethics of Practice Agreement upon completion of the L2 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 Prerequisite Base Course Exam and Case Reports)
  - If the cancelled spot is filled with another attendee, a refund will be issued, less 10% service charge
  - If the 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 Prerequisites and Case Report)
  - Refund will be issued, less 10% service charge
3. We reserve the right to cancel the course at any time due to low attendance or other conflicts.
  - Should the course be cancelled by the instructor, full refunds will be issued.
  - Should an unavoidable course interruption occur, arrangements will be made for course completion at a later time.

### **Level 2 CEUs: 48**

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

**Course Fee: L2: \$2,800**

Once payment is received, you will receive an email with payment confirmation and course details. Course payments are made directly to the individual course instructor as stated below.

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

Check/ Mail to: Spine Academy PT c/o Amy Sbihli, MPT, DPT, 1762 Massachusetts Ave Suite 204  
Lexington, MA 02420

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

Check/Mail to: Spinal Dynamics of Wisconsin (C.Marti PT), 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)

**COVID 19 NOTICE**

- **During COVID 19 pandemic, all course attendees will be required to do the following:**
- **Provide copies of COVID -19 vaccination cards**
- **Provide proof of a negative COVID 19 test result 72 hours prior to course**
- **Wear a medical (not cloth) mask during the course**
- **COVID 19 course cancellations will be handled on a case by case basis**

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

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

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

**Please state name of institution issuing course payment, if different from yourself:**

\_\_\_\_\_