

course application – REHABILITATION PROGRAM

mail your application to:

INSPIRE HEALTH, 1800 Peachtree St. NW, Suite 420, Atlanta, GA 30309, attn: Jessica Loncar (or fax to: 404.605.7178)

Please visit the STOTT PILATES® website for full description of each course: www.stottpilates.com/education/prog_intensive.html

contact information *please print*

name: _____ company name (if applicable): _____

address: _____

city: _____ prov. / state: _____ country: _____ postal / zip code: _____

telephone day: _____ evening: _____ email: _____

course registration

Applications must be accompanied by a detailed resume / CV outlining education and experience, two letters of reference, and deposit of \$250.

▶ Space is limited and applications will be processed on a first come-first-served basis.

Space will **ONLY** be reserved upon the receipt of all application materials and deposits.

Prices are subject to change without notice. ▶ Fees for courses and workshops do not include required course materials or applicable taxes.

Course fees are due two weeks before course start date. **Deposits and course fees are non-refundable. Deposits are non-transferable.**

For full details about our registration and cancellation policy, contact us.

rehabilitation program

RMR1 Spinal, Pelvic & Scapular Stabilization: Matwork & Reformer – 24 hrs _____

RCCB1 Spinal, Pelvic & Scapular Stabilization: Cadillac, Chair & Barrels – 24 hrs _____

RMR2 Peripheral Joint Stabilization: Matwork & Reformer – 24 hrs _____

RCCB2 Peripheral Joint Stabilization: Cadillac, Chair & Barrels – 16 hrs _____

start date requested

inspire health

The Macquarium Building • 1800 Peachtree St. NW, Suite 420 • Atlanta, GA 30309
Phone 404.605.9091 Fax 404.605.7178 info@inspirepilates.com

www.inspirepilates.com

rehab **course** application (cont'd)

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

relevant experience

Outline your rehab experience (describe type of work and any specialties)

Describe your experience in other exercise modalities

Outline your Pilates experience

(describe when & where, indicate if STOTT PILATES method or other)

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

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rehab **course** application (cont'd)

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.

How did you hear about STOTT PILATES and its education program?

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

Are you using this course to fulfill continuing education credits? Yes No If yes, for what organization?

I plan to attend all course hours: Yes No

I hereby 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:

- \$250 non-refundable / non-transferable course fee deposit
- Two letters of reference
- Detailed resume / CV of education / experience

Applications that do not include the above will not be processed.

signature: _____

date: _____

inspire health

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