

# **SSOL Schroth Registration Form**

For which course are you applying? Course (circle one) P1 or P2 Date and location Personal Full name Credentials PT License # Mobile phone # Home address Personal email Years of practice as PT Do you have scoliosis? Work Work/clinic name Address Phone # Work email Years at current job For P2 registrants only – Scoliosis education and experience Scoliosis school name and all course/s completed Teacher/s How many hours do you spend each week treating patients with scoliosis? Age of patients? Will you be willing to bring a patient to be a model?



## **SSOL Schroth Ethics Form**

## For Practical 1 ("P1") Registrants:

I understand that completion of the P1 course does not guarantee P1 certification and that in order to obtain certification as a SSOL Schroth Physical Therapist, I must pass the SSOL P1 written exam given at the end of the course. A score of 80% is required for passing. If I fail to pass the P1 exam, I will be required to retake the exam within 3 months. If I fail a second time, I will be required to retake the course at full cost before retaking the certification exam.

I understand that SSOL P1 certification as a SSOL Schroth Physical Therapist is valid for three years and that I must attend the SSOL P2 course prior to the expiration of the three-year certification (but no sooner than one year following my completion of P1 in order to obtain permanent certification as a SSOL Advanced Schroth Physical Therapist. I understand that failure to attend P2 in the required time frame will result in the loss of my certification, and that I will not be certified by SSOL to treat patients until I retake PP1.

#### For Practical 2 ("P2") Registrants:

I understand that completion of the P2 course does not guarantee P2 permanent certification and that in order to obtain certification as a SSOL Advanced Schroth Physical Therapist, I must pass the SSOL P2 practical exam given at the end of the course and successfully complete the required case presentation. A score of 80% is required for passing. If I fail to pass the P2 exam, I will be required to retake the exam within 3 months. If I fail a second time, I will be required to retake the course at full cost before retaking the certification exam.

## For All Registrants:

I agree that I will not use the material I receive during the course to train other physical therapists in the
treatment of patients with scoliosis or other spinal conditions. However, if I am a clinical instructor for physical
therapy students, I understand that my students will be permitted to observe me providing Schroth therapy.

Full Name	Signature	Date

## Course Fee: P1 or P2 - \$2,500

Course payment is due in full at time of registration. Course may be paid by Zelle or PayPal (using hagitberdi@gmail.com), Venmo (using @hagit-berdishevsky) or bank wire.

**<u>CEU:</u>** This course is eligible for **48 CEUs** 

Course Location: Kioko Therapy – 122 E Boca Raton Rd, Boca Raton, FL 33432

### **Course Cancellation Policy:**

Due to the involved nature of course organization, cancellation policy is as follows:

- 1. If registrant cancels with less than 30 days notice:
  - 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 fee.
- 2. If registrant cancels with more than 30 days notice:
  - 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 teacher, a full refund will be issued.

Course Application: Email to hagitberdi@gmail.com