



Neuro-Developmental Treatment Association

NDTA Approved Advanced Baby Course

Course Number 11Y101

Course Dates: March 28-April 2, April 4-8, 2011

Course Instructors: Linda Kliebhan, PT, CI, C/NDT
Rona Alexander PhD, CCC-SLP, C/NDT
Gail Ritchie OTR, C/NDT

Course Location: Children's Therapy Center
10811 Kent Kangley Rd
Kent, Washington 98030

Application Fee: A non-refundable \$25.00 application fee must accompany the application. Please make checks payable to: Linda A. Kliebhan Kent Baby Course

Tuition: \$1550 for NDTA members, \$1750 for Non-NDTA members. NDTA membership is \$105. For membership information please contact www.ndta.org, info@ndta.org.

Qualified Applicants will be accepted on a first come first serve basis and will be notified in writing.

Please Print or Type:

Date _____

Name: _____

Home Address:

Home Phone: _____ Work Phone _____

E-mail: _____

Occupation: PT OT SLP

University Attended: _____

Graduation Date: _____

Current Employer: _____

Address: _____

Position: (supervisor, staff, etc.) _____

Type of facility (acute, rehab, home care, etc.) _____

How long have you worked in your present position? _____

Are you employed: _____ Full-time _____ Part-time



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Will you need any special assistance/equipment?

Will you need housing if accepted ___ Yes ___ NO

Will you have a car?? ___ Yes ___ No

Please write on a separate sheet of paper your reasons for applying to this course. Include how and where you plan to apply the knowledge and the other pertinent information.

Please include all of the following:

- 1. Application*
- 2. Reason for Course Application*
- 3. Application Fee*
- 4. Copy of license/registration*
- 5. Copy of NDT Certificate*
- 6. Copy of /proof of malpractice insurance (must be submitted upon acceptance into the course)*

I understand the NDTA is not a sponsoring agency and does not present or offer the courses, but merely lends accreditation to the courses. The Coordinator-Instructor and the course faculty are not employees, agents or authorized representatives of the NDTA. I understand that I cannot attend the course if proof of professional malpractice liability insurance has not been received. I agree to indemnify the NDTA for any professional malpractice, and I will show proof of malpractice insurance to cover my involvement in the course.

I understand that neither I nor anyone who has incurred expenses for my taking this course is entitled to reimbursement should circumstances require that I leave the course for any reason. I agree that the above information is true and correct and I agree to all of the terms and conditions contained herein, and intend to be bound thereby.

Applicant Signature _____ *Date* _____

Please print your name and credentials exactly as you want them printed on your certificate at the end of the course. _____

Return Application No Later than January 28, 2011 to:

*Linda A. Kliebhan
3228 W. Joliet Ct.
Mequon, WI 53092*