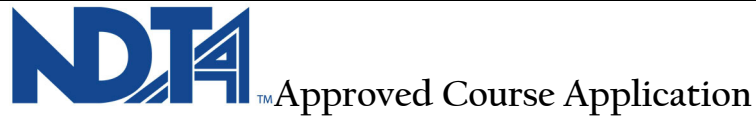


NDT/BOBATH CERTIFICATE COURSE IN THE MANAGEMENT AND
TREATMENT OF CHILDREN WITH CEREBRAL PALSY AND OTHER
NEUROMOTOR DISORDERS



Course# 10B110

Dates: January 12 – February 25, 2011

Location: **Therapy India, Pune, Maharashtra, India**

Application Fee: a \$25.00 USD application fee must accompany this form in order to process the application. Please make checks payable to:
Therapy India. If your application is not successful, the \$25.00 will be refunded to you.

Course Tuition: \$3,800.00 for NDTA members and \$4,000.00 for non-NDTA members for therapists from the USA. NDTA membership dues are \$95.00 per year. To obtain a membership application, call 800-869-9295 or go online to www.ndta.org. Tuition is due upon acceptance into the course or by October 30, 2010. Fee will be Rs. 1,77,000/- for therapists from India.

Please make all checks payable to: **THERAPY INDIA**

Suggested Reference: *Neuro-Developmental Treatment Approach/Foundations and Principles of Clinical Practice* by Janet M. Howle. The book can be ordered from the NDTA office by calling 800-869-9295 or go online to www.ndta.org.

PLEASE PRINT OR TYPE

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ PT _____ OT _____ SLP

UNIVERSITY ATTENDED: _____

CURRENT EMPLOYMENT & EMPLOYMENT HISTORY

Present Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Current Position: _____

How long have you worked in your present job? _____
years/ mo in pediatrics? _____ Total # of years as a therapist? _____
Hrs per wk, during the past year of direct therapy with children who have CP?
5 – 15 hours _____ 16 – 25 hours _____ 26 – 40 hours _____

Do you plan to return to this same employer after the course? _____
If not, what are your plans? _____

If you are accepted, will you be able to participate in all of the physical requirements of this course? This includes lifting and carrying children, facilitation of classmates, being facilitated by classmates. YES _____ NO _____
If no, please describe your possible limitation: _____

Do you have any special requests/needs to be considered during the course?
Please explain: _____

MISCELLANEOUS

Will you need housing if accepted? YES _____ NO _____
Will you have a car? YES _____ NO _____

REASON FOR COURSE APPLICATION

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

PLEASE MAIL ALL OF THE FOLLOWING:

1. Application
2. Copy of your professional licensure (certification, registration)
3. Copy of professional malpractice liability insurance (For therapists from the USA)
4. Copy of NDTA Membership if you are a member.
5. Application fee (if your application is not successful, the \$25.00 USD will be refunded to you)
6. Copies of prior course rejection letters, where applicable*

*Priority will be given to applicants who have applied at least three times over a three year period, and who meet the minimum requirements, but were not selected. Copies of the letters received from the instructors indicating the applicant was not selected must accompany the fourth application.

****APPLICATION WILL NOT BE PROCESSED WITHOUT ALL ITEMS RECEIVED****
I understand that the NDTA is not a sponsoring agency, does not present or offer the course, but merely lends certification to the course. The Coordinator-Instructor and

the course faculty are not employees, agents, or authorized representatives of NDTA. I understand that I cannot attend the course if Membership of Association or Council in my respective field of therapy has not been received. I agree to indemnify NDTA of any professional malpractice, and I will show proof of malpractice insurance to cover my involvement in the course (for therapists from the USA).

I agree that the above application information is true and correct, and I agree to all of the terms and conditions contained herein, and intend to be bound thereby.

Printed Name

Signature

Date: _____

RETURN APPLICATION NO LATER THAN October 1, 2010

TO: Loganathan G
Therapy India, B-101, Labhesh Co-operative Housing Society,
Ramachandra Nagar, Near Nitin Company,
Thane(w), Maharashtra-400604

NOTE: We reserve the right to cancel the course on or before December **15**, 2010.