

**Swodeam Consulting with Jim Meadows Presents
Maryland Manual Therapy Certification Program**

Application for Manual Certification Program

Name _____ State licensed _____

Home Address _____

Work Location/ Address _____

Home Phone _____ Work Phone _____ Fax _____

Email _____

Course Schedule:

Individual courses include: selected online learning, self study material and on-site instruction.

Full certification program includes: all online content and materials, 11 hours of instructional video, self study material and certification exam.

1. Differential diagnosis and Biomechanical assessment of the Spinal Joints: <i>Date: August 13-15th, 2010</i>	<input type="checkbox"/>	\$650
2. Differential diagnosis and Biomechanical assessment of Peripheral Joints <i>Date: Oct 8-10th, 2010</i>	<input type="checkbox"/>	\$650
3. Treatment of the Peripheral Joints. <i>Date: Dec 3-5th, 2010</i>	<input type="checkbox"/>	\$650
4. Treatment of Spinal Joints Lumbar and Sacroiliac. <i>Date: TBA</i>	<input type="checkbox"/>	\$650
5. Treatment of the Spinal Joints: Thoracic. <i>Date: TBA</i>	<input type="checkbox"/>	\$650
6. Treatment of the Spinal Joints: Cervical. <i>Date: TBA</i>	<input type="checkbox"/>	\$650
Certification Exam (included with the full certification program) <i>Date: TBA/same date as course 6 / Treatment of the Spinal Joints: Cervical</i>	<input type="checkbox"/>	\$1000

I would like to apply for the <u>full certification program</u> . Including all online content and materials, 11 hours of instructional video, self study material and certification exam. 30% discount rate when you sign up for the full certification program.	\$3,500	<input type="checkbox"/>
I am interested in the full certification program but cannot commit at this time.	\$650/session	<input type="checkbox"/>
I would like to take an <u>individual course</u> in the certification program.	\$650/session	<input type="checkbox"/>

SIGNATURE _____

Payment: Make check payable to *PTF*. Payment will be made at the time of registration for individual sessions. Participants in the certification program will arrange payment for the program when the application is received.

Mailing address: 200 West Cold Spring Lane, Baltimore, MD 21210 (T) 410-258-4721, (F) 410-235-0795
Bender@physicaltherapyfirst.com