

course application – REHABILITATION PROGRAM

send your application to:

Equilibrium Mind-Body Fitness

6405 Telegraph Road, Building G, Bloomfield Medical Village, Bloomfield Hills, Michigan 48301

fax: 248-723-6550 or email: info@equilibriumstudio.com

attn: Education Dept

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, a deposit of 20% of the course fee and a deposit of 20% of the materials fee. ▶ 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



Education

2200 Yonge Street, Suite 500, Toronto, ON, Canada M4S 2C6
Telephone 416-482-4050 Fax 416-482-2742 Email education@stottpilates.com
Toll-Free North America 1-800-910-0001 UK 0800-328-5676

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

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:

- 20% non-refundable / non-transferable course fee deposit
- 20% non-refundable / non-transferable course materials deposit
- Two letters of reference
- Detailed resume / CV of education / experience

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

signature: _____

date: _____

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