



## 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 75% 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 75% 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](mailto:hagitberdi@gmail.com)), Venmo (using [@hagit-berdishevsky](https://www.venmo.com/hagitberdishevsky)) or bank wire.

**CEU:** This course is eligible for **48 CEUs**

**Course Location:** SchrothNYC Studio - 16 East 96th Street 1B, New York, NY 10128

### **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](mailto:hagitberdi@gmail.com)