

# Seminar Registration Form

## WorkAbility Examiner Advanced Course: December 10<sup>th</sup> – December 11<sup>th</sup>, 2020

Workplace initiatives to prevent injuries and needless work disability are creating new service opportunities for physical therapists, occupational therapists, athletic trainers, and other occupational health professionals. This 2-day seminar develops examiner skills to perform the WorkAbility Systems method of worker fitness screening, functional job analysis, and functional capacity evaluation (FCE). Attendees will receive hands-on training and mentoring to facilitate preferred provider contracting with employers.

**Location:** WorkAbility Center, 7665 Monarch Court, Suite 109, West Chester, OH 45069

Participant Name \_\_\_\_\_ CEU Type Requested: [ ]PT [ ]OT [ ]AT [ ]Other \_\_\_\_\_  
 Company \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

### Schedule

- Thursday – December 10<sup>th</sup>: Registration: 7:30 AM, Seminar: 8:00 AM – 5:00 PM (lunch on own)
- Friday – December 11<sup>th</sup>: Seminar: 8:00 AM – 5:00 PM (lunch on own)

### Dress/Equipment

This course includes lab practice sessions. All participants should wear gym clothing/shoes, bring a mobile computer that has WiFi access, and a stopwatch. Google Chrome is the recommended operating system for ExamFIT and WorkerFIT software platforms.

Registration Type:	WorkAbility Providers	All Others
Early Registrants (by 11/25/20)	[ ] \$975	[ ] \$1175
Late Registrants (after 11/25/20)	[ ] \$1075	[ ] \$1275

<b>Payment Method:</b> Check one: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check/PO Number _____ Amount \$ _____	
Register by mailing this form with either credit card information or check payable to:  <b>WorkAbility Systems, Inc.</b>  7665 Monarch Court, Suite 109  West Chester, OH 45069  (Or Fax to 513-672-2552)  <b>Registration fee must accompany this form.</b>	Card Number: _____ - _____ - _____ - _____  Card Expiration Date: _____ / _____ CCV _____  Name of Cardholder _____  Card Billing Address _____  Signature _____ Date _____

For additional information or special needs, please email [rick@workability.us](mailto:rick@workability.us) or call (866) 772-1026.