



Seminar Registration Form

WorkAbility Examiner Advanced Course: November 13th – November 14th, 2021

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

- Saturday – November 13th: Registration: 7:30 AM, Seminar: 8:00 AM – 5:00 PM (lunch on own)
- Sunday – November 14th: 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 and bring a mobile computer that has WiFi access. Google Chrome is the recommended operating system for ExamFIT and WorkerFIT software platforms. If you are not vaccinated against COVID-19, please bring and wear a mask.

Registration Type:	WorkAbility Providers	All Others
Early Registrants (by 10/29/21)	[] \$975	[] \$1175
Late Registrants (after 10/29/21)	[] \$1075	[] \$1275

Payment Method: 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: WorkAbility Systems, Inc. 7665 Monarch Court, Suite 109 West Chester, OH 45069 (Or Fax to 513-672-2552) Registration fee must accompany this form.	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 or call (866) 772-1026.