



Seminar Registration Form

WorkAbility Examiner Advanced Course: February 24th – February 25th, 2024

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, 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 – February 24th: Registration: 7:30 AM, Seminar: 8:00 AM – 5:00 PM (lunch on own)
- Sunday – February 25th: 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 have any COVID-19 concerns, you are welcome to wear a mask.

Registration Type	WorkAbility Providers	All Others
Early Registrants (by 2/9/24)	[] \$975	[] \$1175
Late Registrants (after 2/9/24)	[] \$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 dan@workability.us or call (866) 772-1026.