



Intensive Program Therapist Application

Instructions: Please complete this form entirely. Include a recent photograph, a copy of hands-on licensure document or equivalent documentation providing legal ability to practice, and a completed attached recommendation form. Upon completion please return by fax, email, or mail to:

The Upledger Institute Clinic 11211 Prosperity Farms Road, D-223 Palm Beach Gardens, FL 33410

Phone: 561.622.4706 **Fax:** 561.627.9231 **Email:** iptherapist_app@iahe.com

Today's Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____ City: _____ State: _____

Email: _____ Website: _____

Licenses Held: _____

Specific Program of Interest (Concussion, General, or PTSD): _____

Feel free to attach additional pages for further elaboration on any response.

License #: Type/Issued by (state, county, etc) _____

Education (college and/or vocational): School name, location, date attended, degree\certificate:

Continuing education (outside of UI) - location, date, and sponsor: _____

Professional experience (last 10 years) - location, specialty, title: _____

Professional affiliations (last 10 years) - group name, your function: _____

Client/patient population summary: _____

Please explain your reason for applying for participation in this program.

Do you have experience treating professional athletes or veterans? Please circle and elaborate.

Do you have prior experience treating in multiple hands intensives? Please elaborate:

Average number of clients per week on which you perform CST or other modality techniques: _____

How often did you receive CST or other modalities for yourself during the past 12 months? _____

Has any malpractice claim or suit ever been brought against you? _____ if so, please provide description and outcome:



Have you been reprimanded, refused admission, suspended before any court or administrative agency, or otherwise disciplined as a result of an investigation of your professional conduct at the local, state/province or national level? _____ if so, please provide description:

Applicant Signature

Date

The Upledger Institute International thanks you for your interest in participating in our Intensive Programs.

For UIC Office Use Only:

Date Received: _____

Received by: _____

Determination Date: _____

Date Accepted: _____

Comments: _____



Intensive Program Therapist Recommendation

To be completed by teaching faculty, certified TA or certification examiner.

I am recommending (print): _____ to be considered as a
UII Intensive Program Therapist.

Your Name (print): _____

Your Role/s at UII: _____

Please provide the following information about the applicant:

Your professional relationship to the applicant:

TA alongside them: _____ Date of last time: _____

Instructor for classes/es: _____ Date of last class: _____

Other (specify): _____

Has the applicant acted as a therapist for you? : _____

What modalities did they use? : _____

Why do you think the applicant would be a good UII Intensive Program Therapist?

Signature

Date