



PROSPECTIVE PARTICIPANT COURSE QUESTIONNAIRE

BSPTS Level 1 Certification Course (L1) Ottawa, Canada
Teacher of BSPTS Concept by Rigo: Andrea Lebel, MSc. PT

Applicant Name:

Credentials (PT, MPT) and University / Graduation Date:

License / Province / Date:

Home Address:

Phone Home / Cell:

Email Address:

Employer Name:

Employer Address / Tel. No. / Fax:

Employment History:

- Total years employed

- Years at current employer

- Avg. Hrs/Wk in Patient Care



Describe current patient care mix (ortho, neuro, peds, scoliosis, etc.):

Describe your past training/experience in Scoliosis patient care:

Describe your goals for using BSPTS method following course completion:

List the closest Hospital and Rehabilitation Centres where you practice:

How did you hear about us?

Additional Information: