



## NDTA CONTEMPORARY PRACTICE MODEL™ CERTIFICATE COURSE APPLICATION

### PERSONAL INFORMATION

**NAME:**

**STREET ADDRESS:**

**CITY, PROVINCE:**

**TELEPHONE NO.:**

**EMAIL:**

### EMPLOYMENT/EDUCATION

**OCCUPATION:**

**PHYSIOTHERAPIST**     **OCCUPATIONAL THERAPIST**     **SPEECH-LANGUAGE PATHOLOGIST**

**CREDENTIALS:**

**PRESENT EMPLOYER:**

### PAYMENT INFORMATION

**PAYMENT OPTIONS:**

**CREDIT CARD**     **E-TRANSFER**  
(ACCOUNTS@NEUROMOTIONPHYSIO.COM)     **CHEQUE (PAYABLE TO NEUROMOTION  
PHYSIOTHERAPY + REHABILITATION)**

**NAME ON CARD:**

**CREDIT CARD NO.:**

**EXPIRATION (MM/YY):**

**CVC:**

PLEASE SUBMIT YOUR APPLICATION AND TUITION TO JACQUI VAN ALSTYNE BY OCTOBER 20, 2021  
EMAIL: JACQUI@NEUROMOTIONPHYSIO.COM    PHONE: 250 590 7878    FAX: 250 590 8700  
100-775 TOPAZ AVE, VICTORIA, BC V8T 4Z7