

Seminar Registration

WorkAbility Certification Seminar: April 13-14, 2012

This 2-part seminar is designed to develop critical job analysis, functional capacity evaluation and transitional work programming skills needed to build a thriving practice in industrial rehabilitation.

Part 1 Worker Fitness Screening & Advanced Work Rehab. develops clinical skills for worker fitness screening and promotes understanding of advanced work rehab program guidelines to create a strong foundation for work disability prevention. Attendees will have the opportunity to use the WorkAbility Progress Update Word template that is consistent with new APTA Guidelines for Defensible Documentation in Occupational Health.

Part 2 Functional Capacity Eval. & Job Analysis Reporting develops clinical skills for functional capacity evaluation and job analysis services that support objective determination of worker fitness-for-duty and consistency of effort. Attendees will have the opportunity to use the WorkAbility FCE Word template as well as the eJobMatch web-based software for job analysis reporting and management of preferred provider resources.

Location: WorkAbility Wellness Center, 7665 Monarch Court Suite 109, West Chester, OH 45069.

Hotel Option: Wingate by Wyndham, 7500 Tylers Place Boulevard, West Chester, OH 45069.
Phone (513) 777-1101 - Ask for the Preferred Business rate for WorkAbility of \$92.

Participant Name _____ CEU Type: []None []PT []OT []CRC []CDMS
 Company _____ Job Title _____
 Address _____ Email _____
 City _____ State _____ Zip Code _____
 Daytime Phone _____ Fax Number _____

Schedule of Activities

- Part 1 - Friday April 13th : Registration: 7:30 AM, Seminar: 8:00 AM – 5:00 PM
- Part 2 - Saturday. April 14th : Seminar: Friday 8:00 AM – 5:00 PM
- Post-course WorkAbility Reporting review: to be arranged

Registration Type:	WAN Providers	All Others
Full Course (Fri/Sat) Early Registrants (by 3/23/12)	[] \$870	[] \$970
Full Course (Fri/Sat) Late Registrants (after 3/23/12)	[] \$970	[] \$1070
Part 1 (Fri only) Early Registrants (by 3/23/12)	[] \$450	[] \$500
Part 1 (Fri only) Late Registrants (after 3/23/12)	[] \$500	[] \$550

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 Network 7665 Monarch Court, Suite 109 West Chester, OH 45069 Or Fax to 513-672-2552	Card Number: _____ - _____ - _____ - _____ Card Expiration Date: ____/____ CCV _____ Name of Cardholder _____ Card Billing Address _____ _____
Registration fee must accompany this form.	Signature _____ Date _____