

Seminar Registration Form

WorkAbility Certification Seminar: September 29 – October 1, 2017

This 2-part seminar is designed to develop basic and intermediate skills for WorkAbility Systems method of worker fitness screening, functional job analysis, functional capacity evaluation (FCE) and progress reporting to support direct contracting and preferred provider relationships with employers.

Part 1 Worker Fitness Screening & Functional Job Analysis - This part covers worker fitness screening and functional job analysis skills needed to create a strong foundation for injury and work disability prevention. Lab sessions emphasize how to perform a worker fitness screen and functional job analysis from start to finish. Laboratory sessions will emphasize hands-on practice performing the NEW WorkAbility Movement Screen, job-specific tests, and reporting with ExamFIT and WorkerFIT software.

Part 2 Functional Capacity Evaluation & Progress Reporting - This part further develops examination and reporting skills needed to apply the WorkAbility Systems method of functional capacity evaluation for different FCE exam applications that relate to disability benefit claims, fitness-for-duty determination, or job accommodation requests.

Location: WorkAbility Center, 7665 Monarch Court, Suite 109, West Chester, OH 45069 (866)772-1026

Participant Name _____ CEU Type Requested: []PT []OT []Other _____
 Company _____ Job Title _____
 Address _____ Email _____
 City _____ State _____ Zip Code _____
 Daytime Phone _____ Fax Number _____

Schedule of Activities

- Friday –Sep 29: Registration: 12:30 PM, Seminar: 1:00 PM – 7:00 PM
- Saturday –Sep 30: 8:00 AM – 5:00 PM (lunch on own)
- Sunday – Oct 1: 8:00AM – 5:00 PM (lunch on own)

Registration Type:	WAN Providers	All Others
Early Registrants (by 9/8/17)	[] \$1090	[] \$1290
Late Registrants (after 9/8/17)	[] \$1190	[] \$1390

Payment Method: Check one: MasterCard Visa 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 _____