



BSPTS APPLICATION
Level 2 Training Course (L2)

Applicant Name:	
Credentials: (PT, MPT, DPT)	
State License #:	
Home Address:	
Phone Home/Cell:	
Business Email Address: <i>(please check spam folders for course notifications!)</i>	
May we include your contact info on our website(s) so patients can find you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Websites: BSPTSNorthAmerica-RigoConcept.com; BSPTS.net</i>
Employer Name:	
Employer Address:	
Employer Phone\Fax:	
Employment Years: - 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 Following Course Completion:	
L2 Course Applying For: (date, location)	

How Did You Hear About Us:	
Date and teacher of Completion of L1 Course (REQUIRED) NOTE: Timeframe between L1-3 is 9 mos to 3 yrs	
If entering L2 from the C1 pathway, please state the date of completion of the C1 course. Prerequisite to L2 NOTE: Complete Online BASE Course/Exam and complete 3C and 4C case study (contact C1 teacher for case protocols.)	
Additional Information:	
IMPORTANT LAB INFORMATION FOR STUDENTS ATTENDING L1 (All course attendees are required to participate in the exercise labs).	
Please list any conditions that may influence your ability to participate in lab:	
Do you have scoliosis? If yes *, please answer below:	Yes / No
Age of diagnosis:	
Cobb angle:	
Current symptoms:	
Past treatment:	
Limitations:	
X-ray Bring your x-ray (CD and printed) with you to class. If you do not have an x-ray, please contact us and we can help you coordinate getting an x-ray prior to class	<input type="checkbox"/> Yes I have an x-ray and will be bringing it to class <input type="checkbox"/> No I do not have an x-ray and need assistance in coordinating an x-ray prior to class



BSPTS L2 Applicant Agreement

Course Registration:

I understand class size is limited to 10. Registrations will be accepted on a first come first serve basis. Course payment is due **in full** at the time of registration.

Case Report:

I understand case report submission and approval is required prior to final acceptance into the L2 course. I furthermore agree to have the case study submitted no later than **8 weeks** prior to the L2 course dates (some exceptions may apply).

Course Advancement:

I understand the L2 course is the second of a 3-part course program through BSPTS. Advancement from L2 to L3 will be contingent on passing a L2 competency assessment. If I do not pass the evaluation within the maximum 3 trials, it will be obligatory to repeat the previous level course (at 50% cost reduction).

Full BSPTS Certification:

Completion and passing of the L3 course is necessary for full BSPTS certification.

Course Timeframes:

Full certification (Levels 1-3) may be completed between 21 mos (minimum) and 6 years (maximum)
Full course information can be found at www.bspts.net

I agree that I will not use the L2 material to train other physical therapists in treating scoliosis. I agree to sign the BSPTS Ethics of Practice Agreement upon completion of the L2 course.
I agree to the course cancellation policy below.

Course Cancellation Policy:

1. If registrant cancels with less than 30 days notice (including failure to complete Prerequisite L1 Course Exam and Case Reports)
 - If the cancelled spot is filled with another attendee, a refund will be issued, less 10% service charge
 - If the cancelled spot is not filled, there will be no refund of course fees.
2. If registrant cancels with more than 30 days notice (including failure to complete Prerequisite L1 Course Exam and Case Reports)
 - Refund will be issued, less 10% service charge
3. We reserve the right to cancel the course at any time due to low attendance or other conflicts.
 - Should the course be cancelled by the teacher, full refunds will be issued.
 - Should an unavoidable course interruption occur, arrangements will be made for course completion at a later time.

Level 2 CEUs: 48 (CEUs will be 40 as of 2025)

CEU's are approved in the state in which the course is taught. CEU approval for the state in which the student resides/practices is the responsibility of the student.

Course Fee: L2 \$2950 USD

Once payment is received, you will receive an email with payment confirmation and course details. Course payments are made directly to the individual course instructor/business in bold below. Students preferring to pay by credit card, Paypal, Venmo or Zelle should contract the teacher directly.

___ Boston, MA: Spine Academy PT

Check/ Mail to: **Spine Academy PT** c/o Amy Sbihli, MPT, DPT, 1762 Massachusetts Ave Suite 204
Lexington, MA 02420 Questions? Contact Amy at amysbihli@bspts.net

___ Milwaukee/Wauwatosa, WI: Cindy Marti, PT

Check/Mail to: **C. Marti PT**, 2469 North 100th St, Wauwatosa, WI 53226
Course location: 3333 N. Mayfair Road, St 305, Wauwatosa, WI 53222
Questions? Contact Cindy at cindymarti@bspts.net

___ Stevens Point, WI: Scoliosis Rehab Inc.

Check/Mail to: **Scoliosis Rehab**, 2918 Post Road Suite B, Stevens Point, WI 54481
Questions? Contact Beth at bethjanssen@bspts.net

___ California: Scoliosis Rehab Inc.

Check/Mail to: **Scoliosis Rehab**, 2918 Post Road Suite B, Stevens Point, WI 54481
Questions? Contact Beth at bethjanssen@bspts.net

Applicant Name

Applicant Signature

Date

Payment for course will be remitted by: _____
(name of person or institution)

Last updated: 8/01/24 TA



Physical Therapist Liability Waiver Form for BSPTS Course Attendees

___ **(initial)** To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

___ **(initial)** I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Schroth Barcelona Institute (DBA BSPTS North America- Rigo Concept), Barcelona Scoliosis Physical Therapy School, C. Marti PT, SC; Scoliosis Rehab Physical Therapy Inc; Spine Academy Physical Therapy, PLLC and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

___ **(initial)** It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Wisconsin.

___ **(initial)** I agree to allow photos taken during the course to be published on BSPTS social media, including but not limited to Facebook, Instagram, BSPTS websites, and newsletters

___ **(initial)** I agree In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature of Therapist

Print Name

Date

Event