



**BSPTS APPLICATION**  
**Level 3 Training Course (L3)**

<b>Applicant Name:</b>	
<b>L2 Course completion date:</b>	
<b>L2 Course teacher:</b>	
<b>L3 Course applying for: (date, location)</b>	
<b>Credentials exactly as you would like printed on your certificate (PT, MPT, DPT, etc)</b>	
<b>State License #:</b>	
<b>Home address:</b>	
<b>Cell phone:</b>	
<b>Business email</b> <i>(please check spam folders for course notifications!)</i>	
<b>May we include your contact info on our website(s) so patients can find you?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Websites: BSPTSNorthAmerica-RigoConcept.com; BSPTS.net</i>
<b>Employer name:</b>	
<b>Employer address:</b>	
<b>Employer phone:</b>	
<b>Total years employed:</b>	
<b>Years at current employer:</b>	
<b>Avg. hrs/wk in patient care:</b>	
<b>Avg. hrs/wk in scoliosis care:</b>	
<b>Describe scoliosis patient mix (adults/peds etc):</b>	
<b>Describe your goals following course completion:</b>	

<b>Additional Information:</b>	
<b>IMPORTANT LAB INFORMATION FOR STUDENTS ATTENDING L3</b> (All course attendees are required to participate in the exercise labs).	
Please list any conditions that may influence your ability to participate in lab:	
<b>Do you have scoliosis?</b> If yes *, please answer below:	Yes / No
<b>Age of diagnosis:</b>	
<b>Cobb angle:</b>	
<b>Current symptoms:</b>	
<b>Past treatment:</b>	
<b>Limitations:</b>	
<b>X-ray</b> 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 L3 Applicant Agreement**

*By signing below, the student agrees to the following course stipulations:*

### Course Registration:

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.

### L3 Pre-course Requirements: Case Report and Poster Presentation:

The Case Report for L3 is an updated PowerPoint of two of the registrant's previous L2 Case Reports. The Poster Presentation is based upon the registrant's L3 Case Report.

Submission of both is required with this application, or at a minimum **8 WEEKS IN ADVANCE**

Registrant final acceptance into the L3 course will be subject to teacher grading and approval of your L3 Case Report and Poster.

### Full BSPTS Certification:

The L3 course is the final of the 3-part BSPTS curriculum. Completion and passing of the L3 course and examination is necessary for full BSPTS Certification. Failure to pass the course examination within the maximum 3 trials will necessitate repeating the course.

### Course Timeframes:

Full BSPTS Certification (Levels 1-3) may be completed between 21 months (minimum) and 6 years (maximum) Full course information can be found at [www.bspts.net](http://www.bspts.net)

### Ethics Agreement

BSPTS L3 material may not be used to train other physical therapists in treating scoliosis.

### Course Cancellation Policy:

1. If registrant cancels with less than 30 days notice (including failure to complete Prerequisite L3 Requirements)
  - 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 L3 Requirements)
  - 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 3 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: L3 \$2950**

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 contact 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](mailto:amysbihli@bspts.net)

\_\_\_ Milwaukee/Wauwatosa, WI: Cindy Marti, PT

Check / Mail to **C.Marti PT**, 2469 North 100<sup>th</sup> St, Wauwatosa, WI 53226

Course location: 3333 N. Mayfair Road, St 305, Wauwatosa, WI 53222

Questions? Contact Cindy at [cindymarti@bspts.net](mailto: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](mailto: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](mailto:bethjanssen@bspts.net)

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Payment for course will be remitted by:**

\_\_\_\_\_  
**(name of person or institution making payment)**



**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