



Intensive Therapy Program Therapist Application

The Upledger Institute Clinic
11211 Prosperity Farms Road, D-223 Palm Beach Gardens, FL 33410
Phone: 561.622.4706 **Fax:** 561.627.9231 **Email:** iptherapist_app@iahe.com

- *All therapists applying must meet the requirements below for the following roles:*
 - Primary Therapist: CranioSacral Therapy Diplomate & ADV1
 - Support Therapist: CranioSacral Therapy Techniques & SER2
 - **Specific intensive therapy programs may require additional criteria.*
- *Please return completed application and items below by mail, fax, or email to the clinic.*
 - Recent photo
 - Copy of hands-on licensure document or equivalent documentation providing legal ability to practice
 - Recommendation by teaching faculty, certified TA or certification examiner (*attached as page 4*)

Today's Date: _____ / _____ / _____

First Name: _____ Last Name: _____

Date of Birth: _____ / _____ / _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____

Email: _____

License(s) Held: _____

Certification Level (check): CST-T _____ CST-D _____

Feel free to attach additional pages for further elaboration on any response.

License #: Type/Issued by (state, county, etc) _____

Education (college and/or vocational): School name, location, date attended, degree\certificate:

Continuing education (outside of UI) - location, date, and sponsor: _____



Professional experience (last 10 years) - location, specialty, title: _____

Professional affiliations (last 10 years) - group name, your function: _____

Client/patient population summary: _____

Please explain your reason for applying for participation in this program.

Do you have experience treating professional athletes or veterans? Please circle and elaborate.

Do you have prior experience treating in multiple hands intensives? Please elaborate:

Average number of clients per week on which you perform CST or other modality techniques: _____

How often did you receive CST or other modalities for yourself during the past 12 months? _____



Has any malpractice claim or suit ever been brought against you? _____ if so, please provide description and outcome:

Have you been reprimanded, refused admission, suspended before any court or administrative agency, or otherwise disciplined as a result of an investigation of your professional conduct at the local, state/province or national level? _____ if so, please provide description:

Applicant Signature

Date

The Upledger Institute International thanks you for your interest in participating in our Intensive Programs.

Please ensure the follow items are included when submitting your completed application.

- Recent photograph
- Copy of hands-on licensure document or equivalent documentation providing legal ability to practice
- Recommendation by teaching faculty, certified TA or certification examiner. *(attached as page 4)*



Intensive Program Therapist Recommendation & Guidelines

To be completed by teaching faculty, certified TA or certification examiner.

- All therapists applying must meet the requirements below for the following roles:
 - Primary Therapist: CranioSacral Therapy Diplomate & ADV1
 - Support Therapist: CranioSacral Therapy Techniques & SER2
 - *Specific intensive therapy programs may require additional criteria.

I am recommending (print): _____ to be considered as a UII Intensive Program Therapist.

Your Name (print): _____

Your Role/s at UII: _____

Please provide the following information about the applicant:

Your professional relationship to the applicant:

TA alongside them: _____ Date of last time: _____

Instructor for classes/es: _____ Date of last class: _____

Other (specify): _____

Has the applicant acted as a therapist for you? : _____

What modalities did they use? : _____

Why do you think the applicant would be a good UII Intensive Program Therapist?

Signature

Date