



# NDTA Approved Advanced Baby Course

## Application for Enrollment

A Neuro-Developmental Treatment Association Approved Course

### Course Dates:

May 16-20, 2024

July 18-22, 2024

### Location:

City Kids Inc.

5669 N. Northwest Hwy

Chicago IL 60646

### Applications Submitted to:

Kacy Hertz, PT, C/NDT

[citykidsfun.play.learn@gmail.com](mailto:citykidsfun.play.learn@gmail.com)

**Course ID#: 24Y101**

**Cost: \$1750.00 for NDTA Members**

**\$2000.00 for non-Members**

### Instructors:

Kacy Hertz, PT, C/NDT

Madonna Nash, OTR/L, C/NDT

Therese McDermott, CScD, CCC-SLP, C/NDT

*Application Fee:* A non-refundable \$25 application fee must accompany this form. No application will be processed without it. **Please attach registration form with Credit Card information.**

**PLEASE PRINT OR TYPE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

Occupation PT \_\_\_\_ OT \_\_\_\_ SLP \_\_\_\_ Email \_\_\_\_\_

University Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**PRESENT EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Position: (Supervisor, Staff, etc.): \_\_\_\_\_

How long have you worked in your present job? \_\_\_\_\_

Are you employed: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Do you plan to return to this same employer after the course? \_\_\_\_\_

**CURRENT EMPLOYMENT**

Hours of direct therapy weekly with children with CP (past year): 5-15 \_\_\_\_ 16-25 \_\_\_\_ 26-40 \_\_\_\_

Percentage of children with CP treated in the following age ranges:  
0-1yrs \_\_\_\_ 1-5yrs \_\_\_\_ 6-12yrs \_\_\_\_ 12-20yrs \_\_\_\_ 20+ \_\_\_\_

What is the size of your weekly caseload (those clients you treat directly)? \_\_\_\_\_

Briefly describe the typical client you treat with regard to GMFM level, sensory processing issues, and motor function:

**EXPERIENCE**

Total years experience as therapist \_\_\_\_\_ Total years full-time experience in pediatrics \_\_\_\_\_  
Total years part-time experience with babies \_\_\_\_\_ Total years' experience with CP clients \_\_\_\_\_

When did you complete your NDT certification? Please include date, instructor and NDTA membership #:

Date: \_\_\_\_\_ Instructor: \_\_\_\_\_ NDTA# \_\_\_\_\_

Are other staff members at your facility NDT trained? Yes \_\_\_\_\_ No \_\_\_\_\_

**LICENSURE STATUS/MALPRACTICE LIABILITY INSURANCE**

Please attach a copy of your current professional licensure. Please submit proof of your coverage with this application, as your application cannot be processed without proof of malpractice liability coverage.

**STATEMENT OF NON-DISCRIMINATION**

It is the policy of NDTA not to discriminate on the basis of gender, disability, race, color, national origin, sexual orientation, or age in admission and access to or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1972, sec. 504 of the Rehabilitation Act of 1973; title VII of the Civil Rights Act of 1964; the Age Discrimination Act, the American for Disabilities act of 1990, and their implementing regulations.

If you are accepted, will you be able to participate in all of the physical requirements of this course?  
This includes facilitation of classmates, being facilitated by classmates, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Will you need any special assistance/equipment? \_\_\_\_\_

**PREREQUISITES**

- 1. Professional License in the State/Country of residence.
- 2. Current malpractice insurance.
- 3. Completion of the NDT certification course and current practice treating children 0-2 with cerebral palsy

I have read and understand the prerequisites for participation in this course and I acknowledge that I meet these minimal criteria \_\_\_\_\_ initials

**MISCELLANEOUS**

**For SLP Applicants:** NDTA is an approved ASHA CEU Provider. Would you be interested in obtaining ASHA CEUs for successful completion of this course?  Yes  No Please Initial \_\_\_\_\_

*Please note: Due to ASHA application time lines, if you are applying to this course 45 days or less before the start date of this course, application for ASHA CEUs may not be available.*

**REASON FOR COURSE APPLICATION**

Please briefly explain your reason for applying for this course.

**PLEASE INCLUDE ALL OF THE FOLLOWING:**

- 1) Application
- 2) Copy of professional licensure (cert., registration)
- 3) Copy of professional malpractice liability insurance
- 4) Reason for course application
- 5) Application fee
- 6) NDTA Membership # and copy of Certification course completion

**NOTE: Application cannot be processed if all items are not received.**

I understand that NDTA is not a sponsoring agency, does not present or offer the courses, but merely lends accreditation to the courses. The Coordinator-Instructors and the course faculty are not employees, agents, or authorized representatives of NDTA. I understand that I cannot attend the course if proof of professional malpractice liability insurance has not been received. I agree to indemnify NDTA for any professional malpractice, and I will show proof of malpractice insurance to cover my involvement in the course. I agree that the above information is true and correct, and I agree to all of the terms and conditions contained herein, and intend to be bound thereby.

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

RETURN APPLICATION DEADLINE: April 5<sup>th</sup>, 2024

RETURN APPLICATION TO: Kacy Hertz, PT, C/NDT  
City Kids Inc.  
5669 N. Northwest Hwy  
Chicago IL 60646

Save application and registration PDF and email to Kacy Hertz at [citykidsfun.play.learn@gmail.com](mailto:citykidsfun.play.learn@gmail.com)

**Note:** We reserve the right to cancel this course, if necessary. Full tuition reimbursement will be provided on a prorated basis in the event of sponsor or Coordinator-Instructor cancellation.