

Application for Enrollment

NDTA Contemporary Practice Model Certificate Course in the Management and Treatment of Children With Cerebral Palsy & other Neuromotor Disorders



A Neuro-Developmental Treatment
Association Approved Course

Course Dates: February 21-25, 2025
March (Online), 2025
April 4-7, 2025
May 2-5, 2025
June 6-9, 2025
July 18-21, 2025
September 12-15, 2025
October 3-6, 2025 Final

Location: City Kids Inc
5669 N. Northwest Hwy.
Chicago IL 60646
773-467-5669

Contact: Kacy Hertz, PT, C/NDT
citykidsfun.play.learn@gmail.com
Madonna Nash, OTR/L
Therese McDermott, CCC-SLP

Course ID #: A0035

Cost: NDTA Members \$4000.00
NDTA Non Mem. \$4225.00



Application Fee: A non-refundable \$25 USD application fee must accompany this form. No application will be processed without it. **Please utilize attached credit card form to submit fee.**

Cost of the course: **NDTA Members-\$4000.00 USD Non NDTA members-\$4225.00 USD**

PLEASE PRINT OR TYPE **Date:** _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

Occupation PT ____ OT ____ SLP ____

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? _____

If not, what are your plans? _____

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 classification, cognitive, motor function level, and verbal skills: _____



RESPONSIBILITIES Percent of time weekly and number of hours:

	Hours			
Supervisory/Administration	25% ___	50% ___	75% ___	100% ___
Direct Patient Treatment	25% ___	50% ___	75% ___	100% ___
Clinical Teaching (hours/year)	25% ___	50% ___	75% ___	100% ___
Clinical Research	25% ___	50% ___	75% ___	100% ___

EXPERIENCE

Total years experience as therapist _____ Total years full-time experience in pediatrics _____
 Total years part-time experience in pediatrics _____ Total years experience with CP clients _____

Describe any prior courses or training you have had regarding NDT: _____

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

Name _____ Discipline _____ Where/When Trained _____ Instructor _____

Is a team member from your facility applying for this course? _____
 If yes, Name and Discipline _____

LICENSURE STATUS/MALPRACTICE LIABILITY INSURANCE

Please attach a copy of your current state/province 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 transferring severely involved patients, facilitation of classmates, being facilitated by classmates, etc. Yes _____ No _____

Possible limitation/support needed: _____



PREREQUISITES

- 1. Professional License in the state/province of residence.
- 2. Current malpractice insurance.
- 3. **At least one year’s post graduate experience and current practice currently treating children with cerebral palsy. This can predict the success of the participant with achieving certification.**

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

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 _____

REASON FOR COURSE APPLICATION

Please TYPE on a separate sheet of paper, your reasons for applying for this course. Include how and where you plan to apply the knowledge, and other pertinent information.

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 registration form with credit card information.

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.

____ / ____ / ____
(Date)

RETURN APPLICATION NO LATER THAN: December 31, 2024

RETURN APPLICATION TO: **Kacy Hertz, PT, C/NDT**
City Kids Inc.
5669 N. Northwest Hwy.
Chicago, IL 60646
773-467-5669

Application may be returned to the following email: citykidsfun.play.learn@gmail.com
Application may be returned to the following FAX: (773) 631-2926

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.