

**NDT / BOBATH CERTIFICATE COURSE  
IN THE MANAGEMENT AND TREATMENT OF ADULTS WITH HEMIPLEGIA**

Hosted by:  
HealthSouth Harmarville Rehabilitation Hospital  
Pittsburgh, PA

October 28 – November 3 and November 5 – 10, 2012  
\*\*COURSE MEETS DAILY EXCEPT FOR SUNDAY, NOVEMBER 4.

Dear Applicant:

***The NDTA now offers certification! See details below or at [www.ndta.org](http://www.ndta.org)!***

I am now accepting applications for the NDTA certificate course scheduled for October 28 – November 10, 2012 hosted by HealthSouth Harmarville Rehabilitation Hospital in Pittsburgh, Pennsylvania. Pertinent information about this course and the application process are listed below.

1. Application to the course requires completion of both an application form and one letter of recommendation. There is a \$25 non-refundable application fee. Application, fee, copy of professional license and letter of recommendation must be mailed together to:

Monica Diamond, PT, MS, C/NDT  
5403 Middleton Drive  
Greendale, WI 53129

Qualified applicants will be accepted into the course until the course is full.

2. Tuition for the 13 days will be \$2,400 for NDTA members, and \$2500 for non-members. (Course fee includes payment of a required fee to the NDTA, which supports ongoing education, research, curriculum development, and other activities.) Course fee includes all course materials and the required book. Information on joining the NDTA can be obtained by calling 1 (800) 869-9295 or visiting [www.ndta.org](http://www.ndta.org).

The first payment of \$1000 is due upon acceptance to hold your place in the course, and the remainder (\$1400 for NDTA members, \$1500 for non-members) will be due on October 1, 2012.

3. Participation in the course involves movement analysis and facilitation labs, supervised patient treatment, daily reading assignments, and written assignments. THIS COURSE IS BEING OFFERED IN AN INTENSIVE TWO-WEEK FORMAT INVOLVING WEEK DAYS AND WEEKEND DAYS. Course hours are 8:00 a.m. to 5:30 p.m. every day except Sunday November 4. DAILY ATTENDANCE IS A REQUIREMENT for successful completion of the course and eligibility for NDT certification.
4. Upon successful completion of this course, participants may submit the required application form to the NDTA to become ***NDT certified*** for a period of 3 years. Recertification after three years requires completion of NDT-specific continuing education and payment of the certification fee. Details on the certification process can be found at [www.ndta.org](http://www.ndta.org).

If you know others who are interested in the course, feel free to make copies of the application and recommendation forms.

Sincerely,

*Monica Diamond, PT, MS, C/NDT*

Monica Diamond, PT, MS, C/NDT  
NDTA Coordinator Instructor

**NDT / BOBATH THREE WEEK COURSE  
IN THE MANAGEMENT AND TREATMENT OF ADULTS WITH HEMIPLEGIA**

Hosted by:  
HealthSouth Harmarville Rehabilitation Hospital  
Pittsburgh, PA

October 28 – November 3 and November 5 – 10, 2012  
\*\*COURSE MEETS DAILY EXCEPT FOR SUNDAY, NOVEMBER 4.

**GENERAL INFORMATION**

The certificate course in the Neuro-Developmental Treatment (Bobath) Approach to Adults with Hemiplegia is an intensive training course comprising both theoretical and practical work. The material presented in the course is based on the theoretical and practical constructs developed by Dr. Karl and Mrs. Berta Bobath and conforms to standards established by the North American NDT Association, Inc. A certified NDTA, Inc. Coordinator Instructor is in charge of the course. Additional appropriate professionals will also teach and assist in the course. The course curriculum will cover:

- Fundamentals of the NDT philosophy
- Normal and abnormal movement analysis
- Application of Neuro-Developmental treatment to the adult patient with hemiplegia

More than half of the course is practical and clinical in nature. The course labs consist of intensive movement sessions (to move, to be moved, and to move each other). The participants will assess and treat adult patients with hemiplegia. These supervised patient treatment practicums will be an ongoing part of the course. **All participants must provide proof of malpractice insurance in the amount of \$1 - 3 million, which covers them at this course, not just at their place of employment.**

Care is taken throughout the course to present the material in an integrated fashion with the expectation that students will gain an understanding of the interdisciplinary nature of the NDT approach, as well as identification of the role of their particular discipline in use of this approach with adult patients with hemiplegia.

Participants who satisfactorily complete the course will be given an NDTA, Inc. certificate of successful completion and may then submit their application for NDT certification. Permission for absence from the course cannot be given except for serious illness or emergency. Certificates may not be awarded to participants who are absent at any time during the course.

**LOCATION:** HealthSouth Harmarville Rehabilitation Hospital      Contact Person:  
320 Guys Run Road      Mark Van Volkenburg  
Pittsburgh, PA 15238-0460      Mark.Vanvolkenburg@healthsouth.com  
Phone: (412) 828-1300

**DATES:** October 28 – November 3 and November 5 – 10, 2012  
\*\*COURSE MEETS DAILY INCLUDING WEEKENDS  
EXCEPT FOR SUNDAY, NOVEMBER 4.

**HOURS:** 8:00 a.m. to 5:30 p.m., DAILY EXCEPT FOR NOVEMBER 4.

**FACULTY:** NDTA Coordinator Instructor: Monica Diamond, MS, PT  
Information on additional instructors and assistant instructors is being finalized and will be sent with acceptance letters.

**FEE:** \$2,500 for 13 days (\$2400 for NDTA members) includes all course materials and books. The first payment of \$1000 will be due upon acceptance to hold your place in the course. The remainder (\$1500, or \$1400 for NDTA members) will be due on March 1, 2009.

*Please make checks payable to Monica Diamond.*

In case of a participant's cancellation from the course, a partial tuition refund may be made if an appropriate substitute can be found for the course vacancy. In the event that the course is canceled, all tuition payments will be reimbursed.

**HOUSING:** Housing information will be sent with acceptance letters.

**PARTICIPANTS:** Twenty-four (24) students will be accepted into this course. The course is open to physical therapists, occupational therapists, and speech pathologists.

**PREREQUISITES FOR ADMISSION TO THE ADULT HEMIPLEGIA NDT COURSE**

1. All participants must be recognized in their state or country as certified, licensed, or registered occupational, speech, or physical therapists. Applicants must include a copy of professional license or registry with their application.
2. Participants must have at least one years' experience since registration or licensure. This must include experience with adult patients with hemiplegia. (Occasional exceptions can be made. Contact instructor for clarification).
3. Applicants must be currently treating a caseload of adult patients with hemiplegia. Each applicant must have plans to continue treating a caseload including adults with hemiplegia. (There may be a limited number of spaces available for participants who are University Faculty, Clinical Supervisors, or Clinical Researchers who may be exempt from meeting the clinical practice requirement.)
4. All participants must provide proof of malpractice insurance that covers them during the time they are participating in the course.

**SELECTION CRITERIA**

All qualified applicants will be accepted in the order that completed applications are received until the course is full.

**REGISTRATION**

If you are interested in applying for the course, please return the **3 page application form**, the **\$25.00 application fee**, the **letter of recommendation**, and a **copy of your professional license or registration** to:

Monica Diamond, PT, MS, C/NDT  
5403 Middleton Drive  
Greendale, WI 53129

**BE SURE TO INCLUDE ALL REQUIRED INFORMATION!**

**APPLICATION FORM**  
**NDT / BOBATH CERTIFICATE COURSE**  
**IN THE MANAGEMENT AND TREATMENT OF ADULTS WITH HEMIPLEGIA**

Date \_\_\_\_\_

Course Location: Pittsburgh, PA  
Dates of Course: October 28 – November 3 and November 5 – 10, 2012

\*\*COURSE MEETS EVERY DAY EXCEPT FOR SUNDAY, NOVEMBER 4.

Tuition: \$2,500 for 13 days (\$2400 for NDTA members)

PLEASE PRINT OR TYPE

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_ Work Phone: (      ) \_\_\_\_\_

Professional School Attended: \_\_\_\_\_ Date of Grad: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_ Date Earned: \_\_\_\_\_ **Email address:** \_\_\_\_\_

Present Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Years with this employer: Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Position: \_\_\_\_\_ Years in present position: Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

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

Total years experience with adults: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Total years experience with adults with hemiplegia: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Are you planning to continue to actively treat AH patients after the course? \_\_\_\_\_

Hours of direct therapy weekly with adult patients with hemiplegia (in past year):

2-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ over 10 \_\_\_\_\_

Since you will be actively interacting with patients during this course, you are either responsible for your own liability insurance or for assuring that your employer's insurance will cover you at this course. Upon acceptance into the course, you must submit either a certificate of insurance for a minimum of \$1 -3 million per occurrence or other proof of this coverage during the course.

If you are accepted, will you be able to participate in all of the physical requirements of this course? This may include transferring severely involved patients, facilitation of classmates, being facilitated by classmates, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

Possible limitation (describe): \_\_\_\_\_

\_\_\_\_\_

Responsibilities: Percent of time **weekly** (circle)

Supervisory/Administrative	25%	50%	75%	100%
Direct Patient Treatment	25%	50%	75%	100%
Clinical Teaching	25%	50%	75%	100%
Classroom Teaching	25%	50%	75%	100%
Clinical Research	25%	50%	75%	100%

List significant continuing education courses you have taken, including NDT related courses:

Date	Course/Instructor	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently in the process of applying to any other NDT certificate courses? \_\_\_\_\_  
If yes, indicate:

Date	Location	Instructor	Applic. Deadline
_____	_____	_____	_____
_____	_____	_____	_____

Is another team member from your facility applying for this course?

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

Are others from your facility NDT certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Name	Discipline	Peds/Adults	When/Where Trained/Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please carefully print your name and credentials the way you'd like them to appear on your certificate of successful completion** (e.g. PT, DPT, OTR/L). Include commas and periods as you'd like them to appear.

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### LETTER OF RECOMMENDATION

The attached reference form should be completed by a professional colleague who is acquainted with your clinical skills.

Name of Reference: \_\_\_\_\_

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

**PLEASE INCLUDE A COPY OF CURRENT LICENSE / REGISTRATION WITH APPLICATION**

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IN THE MANAGEMENT AND TREATMENT OF ADULTS WITH HEMIPLEGIA**

**ADDITIONAL INFORMATION**

**Personal Statement:**

Please discuss your reason for applying for this course. Include how and where you plan to apply the knowledge, and any other information you feel is pertinent.

**I HAVE REVIEWED THIS APPLICATION TO ASSURE THAT ALL THE INFORMATION ON IT IS  
CORRECT.**

**SIGNATURE** \_\_\_\_\_

