

Employee Registration - Spring/Summer 2009

Duplicate form as needed. One registration form per participant.

HDR Educational Services

Name (Please print or type your name as you wish it to appear on name tag/certificate) _____ Position _____

Home Address (To send confirmation letter) _____ Apt. # _____ City _____ State _____ Zip _____

() _____ () _____

Business Phone _____ Ext. # _____ Home Phone _____ E-Mail Address _____

Register me for the following workshop(s): (Please mark with an "X")

<input type="checkbox"/> 7.75 CEU's J. Armstrong S09-05 Essential Hand Splinting Friday, March 27 Crowne Plaza North Brooklyn Center, MN Designed for: OT/COTA/PT/PTA	<input type="checkbox"/> 5.25 CEU's B. Lundeen/N. Stellrecht S09-10 The Nonverbal Learner in a Therapeutic Setting and The Important Relationship Between Autism and Mvmt, and How a Horse Can Help Friday, April 3 Country Inn MOA, Bloomington, MN Designed for: OT/COTA/PT/PTA/SLP/ Any int. staff	<input type="checkbox"/> 6.5 CEU's B. Lundeen S09-15 Animal Assisted Therapy Application 1 - Delta Society Course Saturday, April 4 Country Inn MOA, Bloomington, MN Designed for: OT/COTA/PT/PTA/SLP/ Any int. staff	<input type="checkbox"/> 8 CEU's B. Olson-Kellogg S09-20 Vestibular Rehabilitation Friday, April 17 Country Inn MOA Bloomington, MN Designed for: PT/PTA/OT/COTA/Any int. staff
<input type="checkbox"/> 6 CEU's T. Steffen S09-25 Using Functional Tests to Support Physical Therapy Intervention: An Insurance Requirement Friday, April 24 Radisson MOA, Bloomington, MN Designed for: PT/PTA	<input type="checkbox"/> 6 CEU's T. Steffen S09-30 High Intensity Intervention for People with Parkinson's Disease: Innovation in the Assess., Trmt and Follow-Up Saturday, April 25 Radisson MOA, Bloomington, MN Designed for: PT/PTA/OTR/COTA	<input type="checkbox"/> 7.25 CEU's B. Olson-Kellogg S09-35 Mind/Body Approaches for Physical and Occupational Therapists Friday, May 1 Crowne Plaza North Brooklyn Center, MN Designed for: PT/PTA/OTR/COTA/ Any int. staff	<input type="checkbox"/> 19 CEU's J. Carey S09-40 Physical Agent Modalities Fri-Sunday, May 8-10 Crowne Plaza North Brooklyn Center, MN Designed for: OT/COTA
<input type="checkbox"/> 6 CEU's T. Staffen S09-45 Using Functional Tests to Support Physical Therapy Intervention: An Insurance Requirement Friday, May 15 Days Inn, Green Bay, WI Designed for: PT/PTA	<input type="checkbox"/> 6.5 CEU's B. Lundeen S09-50 Animal Assisted Therapy Application 1 - Delta Society Course Friday, May 15 Kelly Inn, St. Cloud, MN Designed for: OT/COTA/PT/PTA/SLP/ Any int. staff	<input type="checkbox"/> 6 CEU's T. Steffen S09-55 High Intensity Intervention for People with Parkinson's Disease: Innovation in the Assess., Trmt and Follow-Up Saturday, May 16 Days Inn, Green Bay, WI Designed for: PT/PTA/OTR/COTA	<input type="checkbox"/> 6.5 CEU's B. Lundeen S09-60 Animal Assisted Therapy Application 1 - Delta Society Course Saturday, May 16 Holiday Inn, Duluth, MN Designed for: OT/COTA/PT/PTA/SLP/ Any int. staff
<input type="checkbox"/> 7 CEU's L. Steinley S09-65 Electrical Stimulation - Review and Practice Friday, May 29 Crowne Plaza North Brooklyn Center, MN Designed for: PT/PTA	<p>You can register online! Registration is easy! Just go to www.hdrtherapy.com and click on continuing ed. workshops You will receive an e-mail acknowledging your registration</p>		

Continuing Education Approval Form

All requests must be approved by the HDR Clinical Coordinator

- **Regularly scheduled employees** may attend two days of **HDR sponsored workshops** per calendar year at no cost for registration. No other expenses will be reimbursed (e.g., mileage or hours).
- **On-Call employees** may attend one day of **HDR sponsored workshops** per calendar year at no cost for registration as space allows as determined by HDR Educational Services Coordinator. No other expenses will be reimbursed (e.g., mileage or hours).

I am applying for approval for the above marked workshop(s).

My status is: On-Call 0-19 20-29 30-35 36+ Facility: _____

Replacement needed: Yes No Proposed replacement: _____

Employee Signature _____ Title _____ Date _____

Return form to: HDR Educational Services • 1994 East Rum River Drive South • Cambridge, MN 55008
Phone: 763-689-5385 or 800-243-5383 Fax: 763-689-5558 Web Site: www.hdrtherapy.com

OFFICE USE ONLY

Approved Not Approved

Sent to
Bonnie Setness _____

Authorized Signature _____

Date _____