



iSTOP

TRAINING REGISTRATION

Please print and mail or fax to iSTOP at Lower Floor, 5655 Cambie Street, Vancouver, BC V5Z 3A4 or (604)264-7860

CUT OFF DATE FOR REGISTRATION IS ONE MONTH BEFORE THE START OF THE COURSE

PERSONAL DETAILS:

Healthcare Discipline: Medical Doctor Physiotherapist

Please indicate the IMS course you are registering for (e.g.. Vancouver, Calgary, etc):

LAST NAME:

FIRST NAME:

Home address - where study material will be sent
Address:

Work address - displayed on iSTOP website
Address:

City:

City:

Province/State:

Province/State:

Postal Code/Zip:

Postal Code/Zip:

Phone:

Phone:

Mobile:

Fax:

Email:

Email:

PAYMENT OPTIONS: Please do not send cheque until a course has been assigned

Cheque Visa MasterCard

Number: _____ Expiry Date (MM/YYYY): _____

Name on Card: _____ Signature: _____

Course Fee: Cdn\$3000.00

Course Deposit: Cdn\$1000.00 (due one month before course)

Cdn\$2000.00 (due the day of course)

GunnIMS Course Cancellation Policy:

iSTOP has the right to alter or cancel the scheduling of the GunnIMS course. If cancellation does occur, all payment will be refunded as soon as possible. If cancellation must occur on the part of the participant, a CDN\$50.00 administration fee will be charged and the balance will be refunded.

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PLEASE NOTE: Registrants must be either a Medical Doctor or Licensed Physiotherapist.

Registration Procedure:

*** Registration forms without required/incomplete documentation will NOT be accepted.**

Please mail or fax us your completed registration form.

iSTOP operates under the British Columbia College of Physicians and Surgeons, as well as the BC College of Physical Therapists. To train with us, you must obtain temporary registration from one of these bodies. Please prepare the following documents:

- 1 Your current CV
Enclosed: YES **NO**
- 2 Copy of your degree (**English** translation).
Enclosed: YES **NO**
- 3 Certificate /Letter of Good Standing from your College licensing authority OR copy of provincial licensing body of current practice if you are **NOT** registered in the province where the course is held.
Enclosed: YES **NO**
- 4 Copy of Certificate of Acupuncture - Registration with CAFCI (Acupuncture Foundation). Completion of the (formerly) Level 1 courses Parts 1, 2A & 3A/Certification of Anatomical Acupuncture **or** Dr. Steven Aung Medical Acupuncture Course through the University of Alberta **or** Completion of The McMaster University Contemporary Acupuncture Program for Health Professionals.
Enclosed: YES **NO**
- 5 Copy of Level 3 (upper and lower) of the Intermediate Diploma of Manual Therapy certified by the Orthopaedic Division of Canadian Physiotherapy Association (CPA).
Enclosed: YES **NO**
- 6 Copy of Malpractice Insurance up to \$3 million per occurrence, effective in Canada.
Enclosed: YES **NO**
- 7 Letter from your employer stating that you have at least **4** years of musculoskeletal therapy experience.
Enclosed: YES **NO**
- 8 **Registrants from outside Canada and the USA:** Original Canadian immigration documents authorizing you to be in Canada for the purposes of your registration and participation in the course (e.g. Employment Authorization). For this, apply to the [Canadian Embassy, High Commission or Consulate](#) that handles your region. Note that although there is a [list visa-exempt countries](#) whose citizens can freely enter Canada, you should consult your local Canadian Embassy to confirm your visitor status.

PLEASE NOTE THAT EITHER 4 OR 5 ABOVE IS REQUIRED