



The ProBE-PT Program
Professional/Problem Based Ethics
for Physical Therapists

ProBE-PT Program

ENROLLMENT FORM



New Brunswick, New Jersey

Location: University Inn and Conference Center on the Rutgers University Campus, New Brunswick, New Jersey, two miles from the NJ Turnpike (Exit 9), approximately 20 miles from Newark International Airport. Phone: 732-932-9144

Tuition: \$1,500

Schedule: The weekend session starts at 6:45pm on Friday evening and is completed by Sunday 1:00pm.

Enrollment: Because we maintain a specific faculty-participant ratio, enrollment is carefully controlled. ***An early reservation for the session of your choice is strongly advised.***

(Consult current schedule at www.cpepdoc.org/probe.htm for dates and deadlines)

December 11-13, 2009	2010
New Brunswick, NJ	TBD
()	()

Name			Degree
Specialty			
Address			
City/State			Zip
Office Phone	()	--	
Home Phone	()	--	
FAX	()	--	
E-mail			

Referring Board, agency or other representative			
Contact Person / Title			
Address			
City/State			Zip
Telephone	()	--	



ProBE-PT Program

TERMS and CONDITIONS



Tuition for The ProBE-PT Program is \$1,500. A deposit of \$300 is required with this enrollment application. This represents a deposit of \$250 and a non-refundable, administrative fee of \$50. The deposit will be returned if you cancel **three weeks before** the start of the course. The balance of \$1200 is due three weeks before the start of the sessions.

No refunds will be made for cancellations received later than three weeks before the start of the course.

Tuition includes all teaching materials, coffee breaks and Saturday luncheon. Travel, hotel, and meal expenses for the two-night weekend sessions are the responsibility of the participant.

Upon enrollment in The ProBE-PT Program, it is understood that:

1. Participants must attend all sessions, participate in the discussions, and complete all written assignments in order for the faculty to provide an assessment to the appropriate licensing board (or other agency).
2. Participants agree to cooperate with the ProBE-PT Program faculty and coordinator in gaining access to information from the appropriate licensing board (or other agency) relevant to the purposes of this seminar.
3. The assessment will include (a) certification of participation, (b) a copy of the final essay with faculty commentary, and (c) an overall opinion of the participant's capacities for ethical reasoning and insight as demonstrated over the whole course of The ProBE-PT Program. (A copy of this assessment letter will be provided to the participant.)
4. This assessment is part of the information reviewed by the licensing board or other agency of jurisdiction: Completing ProBE-PT may be a necessary but not a sufficient condition for the resolution of the total requirements of the Board or other agency.

Authorization to Release/Receive Information:

I understand these terms and conditions of The ProBE-PT Program and hereby agree to abide by them and provide authorization for the faculty to assess my participation and to provide the assessment to the licensing board or other agency that has jurisdiction.

PRINTED NAME _____ SIGNED _____ DATE _____



Enclosed:
*(Full payment must be received at least **three weeks** before start of session.)*

- \$1,500 Full payment (includes non-refundable \$50 fee.)
- \$300 Deposit (\$250, and non-refundable \$50 fee.)
balance of \$1200 due 3 weeks before selected session.

Please **MAIL** enrollment form with *check or money order*, payable to CPEP to:
CPEP-ProBE-PT
Attn: Sharon Miller
7351 Lowry Boulevard, Suite 100
Denver, CO 80230

Or **FAX OR EMAIL** enrollment form and *E-Check/Credit Card Authorization Form* to:
CPEP-ProBE-PT
Attn: Sharon Miller
303-577-3241
probe@cpepdoc.org

AUTHORIZATION FORM

Center for Personalized Education for Physicians (CPEP)
ProBE-PT Program

ES10891

FOR OFFICE USE ONLY	CLIENT #	DATE
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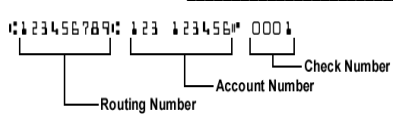
Effective date of authorization: _____ New Authorization – ONE TIME

Last Name	First Name
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Address _____

City	State	Zip
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Date of Fee Processing*: ____/____/____ <small>* MUST match date received in CPEP Office</small>	ProBE-PT Program Date: _____ ProBE-PT Program Location: _____ _____	Fee Designation: ProBE-PT Program \$ <u>1,500.00</u> Transaction Fee* \$ <u>25.00</u> Total Fees \$ _____ * - A \$25 Transaction Fee is Required for Credit Card Payments
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CHECKING / SAVINGS	Please debit my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I understand the refund policy as stated on the ProBE-PT Registration Form.		
Authorized Signature: _____ Date: _____		

CREDIT CARD	Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;">Credit Card Number:</td> <td style="width:40%; padding: 5px;">Expiration Date:</td> </tr> </table>		Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
Name on Card: _____			
Billing Address (if different from above): _____			
I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. I understand the refund policy as stated on the ProBE-PT Registration Form.			
Signature (as it appears on the credit card): _____ Date: _____			

Please tape voided check over credit card section above if using checking account.