

Please check one:

- PT    PTA    Student PT    Student PTA

First Name, Middle Initial, Last Name	APTA Member No.	Nickname for Name Tag
Daytime Phone Number	E-Mail Address	
Address	City/State/Zip	
Company or Educational Institute		
Emergency Contact (First and Last Name)	Emergency Contact Phone Number	

**CORPORATE MEMBERS ONLY (IF REGISTERING THROUGH THE SOWH CORPORATE DISCOUNT PROGRAM)**

Facility Name	Contact Name
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**COURSE SELECTION**

Course: \_\_\_\_\_ \$ \_\_\_\_\_

Course: \_\_\_\_\_ \$ \_\_\_\_\_

Course: \_\_\_\_\_ \$ \_\_\_\_\_

Course: \_\_\_\_\_ \$ \_\_\_\_\_

Course: \_\_\_\_\_ \$ \_\_\_\_\_

Course: \_\_\_\_\_ \$ \_\_\_\_\_

**SOURCE**

How did you find out about the SoWH education offering(s)?  
 (please select one source)

- SoWH Website
- SoWH E-mail
- The Weekly Update Newsletter
- Facebook
- Twitter
- Your Employer
- The Journal of Women's Health Physical Therapy (JWHPT)
- SoWH Member/Volunteer
- APTA
- Flyer at event
- Other: \_\_\_\_\_

**CANCELLATIONS, REFUNDS, TRANSFERS**

This cancellation policy applies to all elements of the conference.

- A **\$50 fee** will be assessed to cancellations between the time of registration and **2 weeks prior to the course**. Requests must be received in writing. No refunds will be given if **registration is canceled less than 2 weeks prior to the course**.
- **Transfers:** Registrants may request to transfer their registration to a different course (**if** there is availability) by providing a written request to the SoWH at least 30 days prior to the beginning of the most immediate course. If there is a difference in course fees, the registrant must pay the remaining balance when completing the transfer.

**PROMO CODES AND SCHOLARSHIPS**

The SoWH offers seasonal, holiday and year-round promotions and scholarship opportunities. To view our list of currently available scholarships and discounts, please visit our website: [www.womenshealthapta.org/scholarships](http://www.womenshealthapta.org/scholarships). Once you are registered, we cannot adjust your rate, it is your responsibility to register online or submit your registration application on time and include your promo code. We encourage you to check the above link for new discounts.

- Discount codes cannot be combined, split or transferred and can only be applied to existing courses that are open for registration.
- If you are a Student SoWH member and register online, you will automatically get \$100 off your registration. If you are registering via this PDF application, please ensure you mark that you are a student in the top right corner. If you are a Student non-Section member, please attach your unofficial student transcript to your registration form when faxing/mailling. We verify the student status of all Student non-Section members before applying the student discount.

**PURCHASE CONFIRMATION**

Your registration is not guaranteed until the office receives and processes your registration form and you receive a purchase confirmation e-mail. Please keep in mind that if you choose to mail your forms, your desired course(s) may sell out while your form was still en route to the SoWH Office. It is the registrant's responsibility to add enough time padding so that the SoWH Office can receive and process your application before the course(s) sell out or the discount code expires. If the registration form is received after the course sells out, your name will be added to the wait list for the course and you will be contacted if a spot becomes available. The SoWH Office cannot hold a course spot without a valid method of payment. If you do not receive a purchase confirmation 7 business days after you mailed it out, please call our office at 202-868-6909 or send an email to [admin@womenshealthapta.org](mailto:admin@womenshealthapta.org) to follow up on your registration to ensure we have received it.

**METHOD OF PAYMENT:** Mail or fax this form to Fax: 202-747-2948 Phone: 202-868-6909 Email: [admin@womenshealthapta.org](mailto:admin@womenshealthapta.org)

Full payment must accompany your registration form. Mail this form with credit card information or check (made payable to Section on Women's Health) to: Section on Women's Health, 1420 New York Avenue NW, 5th Floor, Washington, D.C. 20005. SoWH reserves the right to charge the correct amount. Inactive members will be charged the nonmember fee. A purchase confirmation will be emailed to the registrant once we process the registration form.

Make checks payable to **Section on Women's Health**

My Total: \$ \_\_\_\_\_ Circle One: Check   Visa   MasterCard   Discover   AMEX

This is a (circle one): <input type="checkbox"/> Personal card <input type="checkbox"/> Corporate card
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**TOTAL**

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholders Name (PRINT) \_\_\_\_\_

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

Cardholder's Signature: \_\_\_\_\_

<b>Registrations: \$</b> _____
<b>Promo Code:</b> _____
<b>My Total: \$</b> _____

**Pelvic Health Physical Therapy Level 1 (PH1) | CAPP-Pelvic**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
February 22-24	Austin, TX	F-Sun	\$650 / \$725	\$750 / \$825	January 21, 2019
March 1-3	Portland, OR	F-Sun	\$650 / \$725	\$750 / \$825	January 31, 2019
March 22-24	Bolingbrook, IL	F-Sun	\$650 / \$725	\$750 / \$825	February 22, 2019
June 28-30	Glendale, CA	F-Sun	\$650 / \$725	\$750 / \$825	May 27, 2019
July 12-14	New York, NY	F-Sun	\$650 / \$725	\$750 / \$825	June 11, 2019
August 17-19	St. Louis, MO	Sat-M	\$650 / \$725	\$750 / \$825	July 16, 2019
August 23-25	Baltimore, MD	F-Sun	\$650 / \$725	\$750 / \$825	July 22, 2019
November 8-10	Houston, TX	F-Sun	\$650 / \$725	\$750 / \$825	October 7, 2019
December 13-15	Conway, AR	F-Sun	\$650 / \$725	\$750 / \$825	November 12, 2019

**Pelvic Health Physical Therapy Level 2 Pelvic Pain (PH2-PP) or Bowel Dysfunction (PH2-BD) | CAPP-Pelvic**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
March 30-31 (BD)	Longmont, CO	Sat-Sun	\$550 / \$625	\$650 / \$725	February 28, 2019
June 22-23 (BD)	Austin, TX	Sat-Sun	\$550 / \$625	\$650 / \$725	May 21, 2019
July 25-26 (PP)	Portland, OR	Sat-Sun	\$550 / \$625	\$650 / \$725	June 24, 2019
July 27-28 (BD)	Portland, OR	Sat-Sun	\$550 / \$625	\$650 / \$725	June 26, 2019
September 7-8 (BD)	Glendale, CA	Sat-Sun	\$550 / \$625	\$650 / \$725	August 6, 2019
September 14-15 (BD)	St. Louis, MO	Sat-Sun	\$550 / \$625	\$650 / \$725	August 13, 2019
September 28-29 (PP)	St. Louis, MO	Sat-Sun	\$550 / \$625	\$650 / \$725	August 27, 2019
October 5-6 (PP)	Glendale, CA	Sat-Sun	\$550 / \$625	\$650 / \$725	September 4, 2019
October 12-13 (PP)	Baltimore, MD	Sat-Sun	\$550 / \$625	\$650 / \$725	September 11, 2019
November 16-17 (BD)	Baltimore, MD	Sat-Sun	\$550 / \$625	\$650 / \$725	October 15, 2019

**Pelvic Health Physical Therapy Level 3 (PH3; PH3H) H = Hybrid / 2 Day Version | CAPP-Pelvic**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
October 5-6 (H)	Portland, OR	Sat-Sun	\$650 / \$725	\$750 / \$825	September 5, 2019
October 19-20 (H)	Longmont, CO	Sat-Sun	\$650 / \$725	\$750 / \$825	September 17, 2019
November 16-17 (H)	St. Louis, MO	Sat-Sun	\$650 / \$725	\$750 / \$825	October 15, 2019

**Fundamental Topics of Pregnancy & Postpartum Physical Therapy (OBF) | CAPP-OB**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
March 29-31	Mumbai, IN	F-Sun	\$950 / \$950	\$950 / \$950	Not Applicable
June 21-23	Portland, OR	F-Sun	\$650 / \$750	\$725 / \$825	May 21, 2019
October 4-6	Houston, TX	F-Sun	\$650 / \$750	\$725 / \$825	September 3, 2019

**Advanced Topics of Pregnancy & Postpartum Physical Therapy (OBA) | CAPP-OB**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
May 31-June 2	Portland, OR	F-Sun	\$650 / \$750	\$725 / \$825	April 30, 2019
September 27-29	Houston, TX	F-Sun	\$650 / \$750	\$725 / \$825	August 26, 2019

**Considerations for Intrapartum Preparation & Support (OBI) | CAPP-OB**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
April 5-7	Portland, OR	F-Sun	\$650 / \$750	\$725 / \$825	March 4, 2019

**Pelvic Floor Intervention Strategies for Urogenital and Breast Cancer Rehabilitation (UROGEN; Collaborative)**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
October 4	Portland, OR	F	\$275 / \$325	\$325 / \$725	September 3, 2019
November 15	St. Louis, MO	F	\$275 / \$325	\$325 / \$725	October 14, 2019

**(Pre)Menopause Matters in Physical Therapy (MENO; Collaborative)**

Dates	Location	Day	Section Member Early / Regular	Non-Section Member Early / Regular	Early-Bird Rate Ends
April 27-28	Longmont, CO	Sat-Sun	\$550 / \$625	\$650 / \$725	March 26, 2019

## On-Demand Home Study Courses

Additional third-party online courses are available on the SoWH website.

<b>Code</b>	<b>Course Title</b>	<b>Section Member</b>	<b>Non-Section Member</b>	<b>Hours</b>
URO	Level 1: Urogynecological Clinical Evaluation and Treatments	\$75	\$110	2
LYM	Lymphedema Management in Women's Health Physical Therapy	\$90	\$120	3.5
CPP	Physical Therapy Management of Patients with Chronic Pelvic Pain	\$90	\$130	6
OST	Physical Therapy Management of Osteoporosis: Prevention & Management	\$60	\$100	4
HRP	Medical Management and Physical Therapy Management of High-Risk Pregnancy	\$60	\$100	4
OBS	Physical Therapy in Obstetrics	\$50	\$90	2
EMG	Essential Terms & Concepts for Surface Electromyography Biofeedback	\$50	\$90	3

## SECTION ON WOMEN'S HEALTH

# COURSE ATTENDANCE TERMS & AGREEMENT (CAPP-PELVIC)

Section on Women's Health (SoWH) wants to ensure you have the opportunity to be fully informed on requirements for attending the courses and completing the CAPP process. Please read the following statements carefully. By signing this Agreement, you agree to the terms outlined in this agreement statements regarding your participation in the **Pelvic Health Physical Therapy Level 1 (PH1)**, **Pelvic Health Physical Therapy level 2 (PH2)** or **the Pelvic Health Physical Therapy Level 3 (PH3)** courses. These statements are a part of our course participant attendance policy, which ensures that all participants have the best course experience possible.

I understand that SoWH will not be held responsible financially or otherwise by my not adhering to the following attendance requirements. I understand that not following these requirements may result in loss of CEU credits, course registration costs and travel expenses.

I understand I am expected to attend the entire course and should make my travel and hotel plans accordingly. I understand that missing portions of the course or the CAPP scenario integration at the end of the course will result in

## LAB PARTICIPATION REQUIREMENTS

**IF I AM A MALE PARTICIPANT:** I understand that due to the sensitive nature of these courses that I must provide a live female model to serve as my "patient" for labs.

I understand that if I am a female participant, I will be required to participate in course labs as a "patient" and as a "therapist" for all intravaginal (PH1, PH2, and PH3) and all intrarectal (PH2 and PH3) examinations.

I understand that I must provide a live female model to stand in for me if I am not able or choose to not participate in the labs as "patient" (I must still participate as "therapist"). I understand I am responsible for securing my patient model. (Resources for locating models include medical schools, allied health schools, or universities near the course location. Or I may bring a friend or family member with me to serve as my model. One model may be shared by two participants.)

## ELIGIBILITY

### IF TAKING PELVIC HEALTH PHYSICAL THERAPY LEVEL 1

If I am a Student Physical Therapist (SPT), I understand I may take this course and participate in CAPP testing if I am in my FINAL year of physical therapy school. I also understand I am eligible to take the Pelvic Health Physical Therapy Level 2 course but not eligible to proceed to the Pelvic Health Physical Therapy Level 3 course until I have graduated and have become a licensed Physical Therapist.

### IF TAKING PELVIC HEALTH PHYSICAL THERAPY LEVEL 2

I am a licensed Physical Therapist (PT), Physical Therapist Assistant (PTA), or a Student Physical Therapist (SPT) in my last year of a DPT Program.

I understand that Pelvic Health Physical Therapy Level 1 (PH1) is a required prerequisite to taking the Pelvic Health Physical Therapy level 2 course, and I attest that I have taken Pelvic Health Physical Therapy Level 1 prior to attending the Pelvic Health Physical Therapy Level 2 (PH2) course.

I understand that SoWH strongly recommends and desires that I have 6 months or greater of consistent experience in managing patients with pelvic floor dysfunction prior to attending this course. I understand that personal experience will enhance my course experience, my participation abilities, and my absorption and integration of progressive skills and knowledge.

If I have taken a PH1 course through another educational institution and I choose to test out of PH1 in order to take PH2, then I understand that I am NOT eligible to receive the Certificate of Achievement in Pelvic Health

reduced CEU credits and ineligibility for receiving the CAPP. I understand that the pre-reading for this course is required to be completed prior to this course, and not completing the pre-reading may result in my difficulty comprehending and absorbing materials presented at the course.

I understand that if I am a lactating mother and need to pump during the course, that I will plan to do so during breaks and lunch so as to not decrease the credit hours. I will contact the SoWH Office in advance to coordinate providing a space at the course site for me to pump.

I understand that if I have any religious observances occurring while I am at the course, I will inform SoWH one month in advance so that any special circumstances can be taken into account if possible. While SoWH will make the best effort to accommodate me, I understand that missing portions of the course may reduce the number of CEU hours I receive and make me ineligible for the CAPP.

I understand I will still be expected to participate in labs while I am on my menstrual cycle and will be provided a menstrual cup to hold back menstrual flow in order to allow participation in lab examinations.

**IF I AM A PREGNANT FEMALE PARTICIPANT:** I understand that I cannot participate as a "patient" in labs unless my physician provides written permission for my FULL participation after reading the course and lab outlines. If I do not have written physician permission, then I must provide a live female model to stand in for me. (Due to the repetition and extensive nature of these labs, SoWH recommends that pregnant participants provide a model to stand in their place.)

If I have any of the following contraindications for participation in the labs, I understand I must provide a live female model to stand in for me: Active vaginal infections, Active STD or herpes lesions, Active bladder or rectal infections, Severe pelvic/vaginal/rectal pain that inhibits examination, Lack of prior vaginal exam by a physician, Active OB/GYN cancer

Physical Therapy (CAPP-Pelvic), as the CAPP certificate is specific to the didactic and skills testing offered in SoWH courses. (I will become eligible if I take PH 1 in through the SoWH in the future and complete all other requirements).

### IF TAKING PELVIC HEALTH PHYSICAL THERAPY LEVEL 3

I understand that Pelvic Health Physical Therapy Level 1 and Pelvic Health Physical Therapy Level 2 courses are required prerequisites to taking this course, and I attest that I have completed these prerequisite courses prior to attending the Pelvic Health Physical Therapy Level 3 course.

If I am a Student Physical Therapist (SPT), I understand I am NOT eligible to register for this course. If I am an SPT, I may attend this course after graduating and becoming a licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA).

If I am a Physical Therapist Assistant (PTA), I understand that I am allowed to take Pelvic Health Physical Therapy Level 1, Level 2, and Level 3 courses but I am NOT eligible to complete the the Certificate of Achievement in Pelvic Health Physical Therapy (CAPP-Pelvic).

I understand that SoWH strongly recommends and desires that I have 1 year or greater of consistent experience in managing patients with pelvic floor dysfunction prior to attending this course. I understand that personal experience will enhance my course experience, my participation abilities, and my absorption and integration of progressive skills and knowledge.

**By signing below, you attest that you understand and agree to the attendance terms outlined in this agreement.**

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Registrant's Full Name (PRINT)

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Signature of Course Registrant

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Date

# SECTION ON WOMEN'S HEALTH

## COURSE PARTICIPATION TERMS & AGREEMENT (CAPP-OB)

I understand that SoWH will not be held responsible financially or otherwise by my not adhering to the following attendance requirements. I understand that not following these requirements may result in loss of CEU credits, course registration costs, and travel expenses.

I understand I am expected to attend the entire course, and should make my travel and hotel plans accordingly. I understand that missing portions of the course or the CAPP scenario integration at the end of the course will result in reduced CEU credits and ineligibility for receiving the CAPP.

I understand that the pre-reading for this course (located with the course description) is required to be completed prior to this course, and not completing the pre-reading may result in my difficulty comprehending and absorbing materials presented at the course.

If I am a male, pregnant female, or post-partum female, I understand that I **AM** able to fully participate in all labs for these courses.

I understand that there are NOT any internal vaginal or rectal techniques taught or practiced at this course. However, there are external techniques taught for the pelvic floor and coccyx and I am required to participate in these labs.

### IF TAKING FUNDAMENTAL TOPICS OF PREGNANCY & POSTPARTUM PHYSICAL THERAPY (OBF)

If I am a Physical Therapist Assistant (PTA), I understand I may take this course but that I am NOT eligible to participate in the CAPP testing process and receive the CAPP designation. I also understand that I am NOT eligible to register for and attend the OB-Advanced course.

If I am a Student Physical Therapist (SPT), I understand I may take this course and participate in CAPP testing if I am in my FINAL year of physical therapy school. I also understand that I am NOT able to attend OB-Advanced until I have graduated and am a licensed physical therapist.

I understand that if I am a lactating mother and need to pump during the course, that I will plan to do so during breaks and lunch so as to not decrease the credit hours. I will contact SoWH (sowh@apta.org) in advance to coordinate providing a space at the course site for me to pump.

I understand that if I have any religious observances occurring while I am at the course, I will inform SoWH one month in advance so that any special circumstances can be taken into account if possible. While SoWH will make the best effort to accommodate me,

I understand that missing portions of the course may reduce the number of CEU hours I receive and make me ineligible for the CAPP.

### IF TAKING ADVANCED TOPICS OF PREGNANCY & POSTPARTUM PHYSICAL THERAPY (OBA)

I understand that OB-Fundamentals is a required prerequisite to taking this course. I attest that I have completed OB-Fundamentals prior to attending the OB-Advanced course.

If I am a Physical Therapist Assistant (PTA) or a Student Physical Therapist (SPT), I understand I am NOT eligible to register for this course. (If I am an SPT, I may register for this course after I have graduated and become a licensed therapist.)

I understand that SoWH strongly recommends and desires that I have 6 months or greater of consistent experience in managing patients who are pregnant or postpartum prior to attending this course. I understand that personal experience will enhance my course experience, my participation abilities, and my absorption and integration of progressive skills and knowledge.

By signing below, you attest that you understand and agree to the attendance terms outlined in this agreement.

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Registrant's Full Name (PRINT)

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Signature of Course Registrant

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Date

## SECTION ON WOMEN'S HEALTH

# COURSE PARTICIPATION TERMS & AGREEMENT (INDEPENDENT)

UROGEN, GVM, PEDS, MENO

The Section on Women's Health (SoWH) is excited that you are registering for this course! SoWH wants to make sure you have the opportunity to be fully informed on requirements for attending the courses and completing the CAPP process. Please read the following statements carefully. Initialing next to each statement is required to complete the registration process and indicates that you agree to these requirements. These statements are a part of our course participant attendance policy, which ensures that all participants have the best course experience possible.

### Non-CAPP Courses:

I understand that SoWH will not be held responsible financially or otherwise by my not adhering to the following attendance requirements. I understand that not following these requirements may result in loss of CEU credits, course registration costs, and travel expenses.

I understand I am expected to attend the entire course, and should make my travel and hotel plans accordingly. I understand that missing portions of the course or the CAPP scenario integration at the end of the course will result in reduced CEU credits and ineligibility for receiving the CAPP.

I understand that the pre-reading for this course (located with the course description) is required to be completed prior to this course, and not completing the pre-reading may result in my difficulty comprehending and absorbing materials presented at the course.

I understand that if I am a lactating mother and need to pump during the course, that I will plan to do so during breaks and lunch so as to not decrease the credit hours. I will contact SoWH (sowh@apta.org) in advance to coordinate providing a space at the course site for me to pump.

I understand that if I have any religious observances occurring while I am at the course, I will inform SoWH one month in advance so that any special circumstances can be taken into account if possible. While SoWH will make the best effort to accommodate me, I understand that missing portions of the course may reduce the number of CEU hours I receive and make me ineligible for the CAPP.

**By signing below, you attest that you understand and agree to the attendance terms outlined in this agreement.**

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Registrant's Full Name (PRINT)

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Signature of Course Registrant

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Date