



SCI Recovery Certification Application Form

In an effort to provide the most safe and effective programs, we require all potential certification candidates to complete this application. This application will assist us in preparing for your experience with Project Walk. Information contained on this application will remain confidential.

Please complete the application and send it via fax or email to:

- Fax: (760) 431-1598 Email: certification@projectwalk.org

After your application is reviewed, someone from the Institute will contact you by e-mail. The completion of this application does not guarantee your participation in the certification program.

Name: Application Date: Proposed Dates of Visit:

Contact Information

Address: City: State/Province: Postal Code: Country: Home Phone: Cell Phone: Email (required): Primary Language: Other Languages:

All of Project Walk's Certification materials are in English. Translations are not provided at this time.

Emergency Contact Information

Name: Relationship: Home Phone: Cell Phone:

Education

University: Degree Earned: Major: Year: (repeated three times)

Certifications/License (you must submit proof of all certifications and licenses)

Name: Identification #: Date Received: Expiration Date: (repeated two times)



**Spinal Cord Injury Background**

Have you ever worked with an individual who has a spinal cord injury?  Yes  No  
Do you currently work with an individual who has a spinal cord injury?  Yes  No  
If yes, how long? \_\_\_\_\_ Has that client attended Project Walk? \_\_\_\_\_  
Do you currently work in a rehabilitation setting?  Yes  No If yes, how long? \_\_\_\_\_  
Current employer: \_\_\_\_\_ Job title: \_\_\_\_\_  
Are you an employee of a Certified Facility?  Yes  No If yes, which facility? \_\_\_\_\_

**Train Your Trainer/Therapist Program**

Will you be participating in the TYT Program?  Yes  No  
Clients Name: \_\_\_\_\_  
Clients Start Date: \_\_\_\_\_  
Trainer/Therapist Start Date: \_\_\_\_\_

**Summary**

Please write a brief introduction as to why you would like to be a Project Walk Certified SCI Recovery Trainer:

***Please read the following carefully before signing this application:***

By my signature I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if accepted, termination of certification.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

## How did you hear about Project Walk?

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- Referred by Doctor, Who? \_\_\_\_\_  
Which Hospital? \_\_\_\_\_
- Referred by Nurse, Who? \_\_\_\_\_  
Which Hospital? \_\_\_\_\_
- Referred by Physical Therapist, Who? \_\_\_\_\_
- Online Search  
Which search engine? \_\_\_\_\_
- Chat Room (IE: Care Cure)  
Which Chat Room \_\_\_\_\_
- Referred by Project Walk Staff, Who? \_\_\_\_\_
- Referred by Project Walk client, Who? \_\_\_\_\_
- Referred by Project Walk certified trainer, Who? \_\_\_\_\_
- SCI Foundation  
Which Organization \_\_\_\_\_
- SCI Association \_\_\_\_\_
- Other: \_\_\_\_\_