



UBC Gunn IMS Review and Advanced Training Course
CUT OFF DATE FOR REGISTRATION IS ONE MONTH BEFORE THE
START OF THE COURSE

A. PERSONAL DETAILS:

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

Healthcare Discipline: Medical Doctor Physiotherapist

LAST NAME: _____

FIRST NAME: _____

Affiliation: _____

Address: _____

City: _____

Province/State: _____

PostalCode/Zip: _____

Phone: _____

Email _____

COURSE FEE: \$750

(includes current UBC Gunn IMS needling manual)

Registration Services provided by UBC CPD.

UBC/Gunn IMS Course Cancellation Policy:

This course incurs significant nonrefundable expenses prior to the course— please read and carefully understand our cancellation policy before submitting your registration. The Division of Continuing Professional Development reserves the right to cancel a course thirty (30) days prior to the course date. Each registrant will be notified by telephone, followed by written notification and a full refund. The University of British Columbia is not responsible for any costs, including, but not limited to, airline or hotel penalties. Should you need to cancel your registration, you must do so by email to cpd.info@ubc.ca one month before the start of the course. Your registration fee, less a \$50 handling charge, will be refunded.

B. DOCUMENTATION

Please provide the following along with your application form:

1. UBC GUNN IMS Parts I and II completion certificates (iSTOP or UBC program)

Enclosed: YES NO

2. Proof of current registration with 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

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 practiced IMS for at least 3 years

Enclosed: YES NO

YOU MAY SUBMIT YOUR APPLICATION BY:

- A) **Printing** and mailing this form along with the required documentation to:

UBC CPD, Suite 200 East Tower, 555 West 12th, Vancouver, BC V5Z 3X7

- B) **Emailing** a completed form along with scanned copies of all required documentation to: cpd.info@ubc.ca

*** Registration forms with missing or incomplete documentation will NOT be accepted.**