

Neuro-IFRAH Clinics by Waleed™-Memphis  
6800 Poplar Ave Suite 110 Memphis TN 38138

Participant Requirements: Current or Previous Neuro-IFRAH Certified Therapist.  
Licensed Occupational or Physical Therapists, Licensed Occupational or Physical Therapy Assistants,  
Speech and Language Pathologists

Application Neuro-IFRAH® RE-Certification Workshop

Name (As you want it on your certificate) \_\_\_\_\_

Neuro-IFRAH Certification# \_\_\_\_\_

Neuro-IFRAH Certification Expiration date: \_\_\_\_\_

Profession: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (C) ( \_\_\_\_\_ ) (w) ( \_\_\_\_\_ ) \_\_\_\_\_

Location of Certification Course \_\_\_\_\_

Certification Course Instructor(s): \_\_\_\_\_

Current Position: \_\_\_\_\_

Hours of direct patient treatment per week: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Total years of experience with adults with hemiplegia: \_\_\_\_\_

You are required to have malpractice liability insurance which will cover you during your participation in the course. If accepted you will be required to submit proof of current coverage. You must submit a copy of your current professional license/registration with your application.

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

Note: We reserve the right to cancel this course, if necessary. Tuition will be reimbursed in the event of sponsor or instructor cancellation. Please make the check payable to: Neuro IFRAH Clinics by Waleed™ and send it together with this application to:

Neuro-IFRAH Clinics by Waleed™  
6800 Poplar Ave Suite 110 Memphis TN 38138  
Tel: (901) 623-9020 Fax: (901) 623-9021

Applicants who meet the stated requirements will be accepted in the order received. Upon successful completion of the course, participants will be Neuro-IFRAH Certified® and will be eligible to take NEURO-IFRAH® Organization Advanced and Ultra Advanced courses. Neuro-IFRAH® Center Tel: (858) 550-1455 Fax: (858) 550-5977