

## Physiological Therapeutic Modalities for DCs 48 Hour Certification Course

Module 1	<b>Concepts of Therapeutic Modalities</b> August 21 - 22, 2010	12 CE
Module 2	<b>Clinical Applications of Electrical Therapies</b> September 25 - 26, 2010	12 CE
Module 3	<b>Clinical Applications of Thermotherapy, Cryotherapy and Mechanical Therapy</b> November 13 -14, 2010	12 CE
Module 4	<b>Clinical Applications of Light and Sound</b> December 4 -5, 2010	12 CE
Dec. 4 Only	<b>Light Therapy &amp; Cold Laser</b> December 4, 2010	6 CE
Dec. 5 Only	<b>Ultrasound</b> December 5, 2010	6 CE

### Course Location / Times

#### Comfort Inn

4822 East Washington Ave. Madison  
(608) 244-6265

**Saturday:** 1:00 pm - 7:00 pm • **Sunday:** 8:00 am - 3:00 pm

**Exam Starts at:** 3:00 pm after the conclusion of each program  
*(Only DC's taking course for a certification need to take the exam)*

### Course Description

This 48 hour course will qualify chiropractors without previous training in physiological therapeutics to provide and bill for these services. For those chiropractors seeking certification, an exam is required. Chiropractors taking a seminar for CE only are not required to take the exam.

### About the Speaker

**Wendy Varish, DC** is a graduate of the National College of Chiropractic in Lombard, IL. She has taught Physiological Modalities to several thousand students over the past seven years as well as a variety of educational courses concerning chiropractic related topics. Dr. Varish is currently in professional practice in Howards Grove, Wisconsin.

## Physiological Therapeutic Modalities for DCs // Registration Form

Member/Doctor Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Module / Date / Registration Fees

	Early Registration Seven days prior	Registration Fee Within seven days
<b>WCA Member</b>	\$275	\$315
<b>Non-Member</b>	\$400	\$435
<input type="checkbox"/> <b>Module 1</b> • August 21 - 22, 2010 <span style="float: right;">\$ _____</span>		
<input type="checkbox"/> <b>Module 2</b> • September 25 - 26, 2010 <span style="float: right;">\$ _____</span>		
<input type="checkbox"/> <b>Module 3</b> • November 13 -14, 2010 <span style="float: right;">\$ _____</span>		
<input type="checkbox"/> <b>Module 4</b> • December 4 - 5, 2010 <span style="float: right;">\$ _____</span>		
<b>WCA Member</b>	\$145	\$175
<b>Non-Member</b>	\$215	\$245
<input type="checkbox"/> <b>Light Therapy &amp; Cold Laser</b> • December 4, 2010 <span style="float: right;">\$ _____</span>		
<input type="checkbox"/> <b>Ultrasound</b> • December 5, 2010 <span style="float: right;">\$ _____</span>		
<b>Total Amount Due:</b>		\$ _____

### Method of Payment

Enclosed is my check payable to the WCA

Please charge my:  Visa  MC  Prior to each Module

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Mail to: WCA, 521 E. Washington Ave, Madison, WI 53703

Fax to: (608) 256-7123 • Phone: (608) 256-7023

Cancellation Policy: Full refund up to 7 days prior to program. 50% refund after 7 days prior to day of program.  
No refund day of program. No confirmation will be sent.