

2025 VitalStim® Therapy and Beyond: DINES Specialty Certificate CIAO Registration and Policies

REGISTER ONLINE at www.CIAOSeminars.com or FAX form to: 850-916-8886 or EMAIL to: mail@CIAOSeminars.com

Questions? Call: 1-888-909-CIAO (2426)

(SLPs Only) Do you have your CCCs (ASHA number is required below)? Y ☐ N ☐

Have you evaluated, treated and discharged more than 50 patients using conventional dysphagia treatments? Y ☐ N ☐

If you answered "NO" to either or both of the above questions, enrollment is not guaranteed. Please call CIAO before you register.

DISCIPLINE/CREDENTIALS _____ AOTA or ASHA # ____/____/____/____/____/____/____ Do you file with ASHA? Y ☐ N ☐

Would you like to be listed on the VitalStim Registry once you become a VitalStim Provider? Y ☐ N ☐

The VitalStim Registry is a list of VitalStim Providers who have been awarded or renewed a specialty certificate in competency and safety within the last 3 years. This list will serve as a resource for patients, patient families, employers, Quality Assurance personnel and recruiters.

I WAS REFERRED TO THIS COURSE BY: ☐ Rehab Director ☐ Email ☐ Co-Worker ☐ CIAO Website ☐ Dealer ☐ Social Media ☐ Other Website _____

ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE(H) _____ CELL _____

EMAIL ADDRESS _____

Must be the individual email of person being registered! CONFIRMATION WILL BE SENT TO THIS EMAIL ADDRESS. **May need to check SPAM**

FACULTY _____ PARENT COMPANY* _____

FACULTY TYPE: ☐ Acute ☐ Inpatient ☐ Long Term Care
☐ Outpatient ☐ Private Practice ☐ School Based

FACULTY ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE(W) _____ FAX(W) _____

PRIMARY CASELOAD?

(Please Check)

Adult ☐ Pediatric ☐ Both ☐

Check ADULT or PEDS • Write in Course Selection (city/dates)

MBS: The Anatomical Study of Swallow Dynamics
(Prerequisite course for VitalStim)

☐ Adult ☐ Peds

ONLINE COURSE

Internet connection required.

VitalStim/DINES Therapy Specialty Course

☐ Adult ☐ Peds

CITY:

DATES:

PRICING:

VitalStim Therapy Specialty Program

An ICE Accredited Assessment-Based Certificate Program.

Price (+60 days before course)..... \$795

Price (+60 days before course)..... \$825

VitalStim Renewal..... \$350

VitalStim Renewal (with MBS)..... \$400

Check with your Rehab Director for group verification. Your PARENT COMPANY* may have an "established group rate".

A PRN is not eligible for group rates.

\$

Subtract any of the following if applicable.

VOUCHER

Voucher Amount

\$

CODE provided

\$

TOTAL DUE

\$

PAYMENT OPTIONS:

PAYMENT, PURCHASE ORDER or a SIGNED LETTER OF GUARANTEE is due by on-site course date. Participant will not be admitted to course without one of these. Sample letter of Guarantee can be found at our website under FORMS/INFO tab and must be on company letterhead.

● PURCHASE ORDER ☐ PO # _____

● CHECK

☐ Personal

☐ Facility/Company _____

Accts. Payable contact information (name/fax #)

● CREDIT CARD

☐ VISA ☐ MC ☐ DISC ☐ AMEX CVV: _____

Card # _____ - _____ - _____ - _____

Name on Card: _____ Ex. Date: _____

Signature: _____

Make check payable to:
CIAO Seminars

Remit to:
CIAO Seminars
77 Bay Bridge Dr.
Gulf Breeze, FL 32561

