2026 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**

PRIMARY CASELOAD? (Please Check) **Adult**☐ **Pediatric**☐ **Both**☐

FACULTY ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

PHONE(W) _____ **FAX(W)** _____

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 $

PayPal venmo

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**

Make check payable to: CIAO Seminars

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

☐ **Personal**

☐ **Facility/Company** _____

Accts. Payable contact information (name/fax #)

● **CREDIT CARD**

☐ **VISA** ☐ **MC** ☐ **DISC** ☐ **AMEX** **CVV:** _____

Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Name on Card: _____ **Ex. Date:** _____

Signature: _____

Complete policies for Cancellation/Payment Issues, Special Needs Requests and Liability Issues can be found at www.ciaoseminars.com under Forms/Info tab (FAQs).

Rev. 10/20/26