

**(Gunn) Intramuscular Stimulation - IMS
Trigger Point Dry Needling**

Use this form to begin Registration to attend a LearnIMS Course.
All information and documents listed below are required to complete your request.

REGISTRATION DATA	Please complete all items in this column.
Requested LearnIMS Course Date & Location	
Full Name of Applicant	
Signature	
Current M.D., D.O., P.T., ARNP State & License #	
Prerequisite: Minimum (1) Year Postgraduate Clinical Work Experience (or State Guidelines) Completed Before Course	Graduation Date: Month ____ Year ____ State Licensure: Month ____ Year ____
Mailing Address	
City, State, Zip	
Current Practice Business Name	
Your E-mail Address	
Contact Telephone #1	
Contact Telephone #2	
Emergency Contact Name	
Emergency Contact Telephone #	

In the spaces below indicate the documents you are submitting with your request

Document / Description	YES/NO or Description
1) LearnIMS Registration Form: Download this form from <u>LearnIMS.com</u>	YES
2) Copy of Current Legally Acceptable Photo I.D.	
3) Copy of Current Active State/ Province Professional License	
4) Copy of Current Professional Malpractice Insurance Coverage 'Face Sheet'	
5) Signed/Initialed Copy of LearnIMS Course Informed Consent and Waiver Form- <u>this document will be e-mailed to you after your prerequisite qualifications are accepted</u>	Sign and return this document after it is sent to you. After LearnIMS receives the signed waiver, the course fee invoice will be sent to you via PayPal.

We request documents be submitted in electronic form to:

contact@learnims.com

Thank you.