

**NISOA
LOCAL CLINICIAN/LOCAL ASSESSOR CLINIC
SPONSER APPLICATION FORM**

Check

Yes (_____)..... **NISOA LOCAL CHAPTER CLINICIAN'S CERTIFICATION CLINIC**
SEND TO JOHN VAN DE VAARST

Yes (_____)..... **NISOA LOCAL CHAPTER ASSESOR'S CERTIFICATION CLINIC**
SEND TO FRANK JEWELL

As a Chapter, we are willing to:

- 1.0 Meet and escort the assigned clinician(s) to and from the site and the Airport, if the clinician travels by air.**
- 2.0 Conduct and/or supervise all administrative duties necessary to conduct the clinic.**
- 3.0 Provide the necessary Audio-Visual Aids requested by the assigned Clinician(s).**
- 4.0 Provide the needed facility to conduct the clinic(s).**
- 5.0 Provide at least 8-12 individuals to participate in any one of the clinics.**

NISOA will:

- 1.0 Provide certified NISOA National Clinician(s).**
- 2.0 Provide the Manuals for Instruction for each participant.**
- 3.0 Certify each participant meeting the requirements of Local Assessor or Local Clinician.**

Site: _____

Date(s) Proposed: _____ **(One Day only)**

Approximate Number Attending: _____

Site Administrator: _____

Address: _____

Phone: _____

E-Mail: _____

Local Chapter: _____

Region

List Names and addresses of all Attendees:

