

2-day Workshop on “Beckman Oral Motor Assessment & Intervention”

Course Code: CA-23A-02

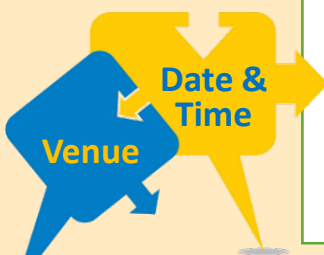
Speaker: Ms Cindy Hang-yee Chan



- Certified instructor of the course 'Beckman Oral Motor Assessment and Intervention'
- Experienced speech therapist serving a variety of developmental and acquired disability groups in community settings
- Applied Beckman OM Assessment and Intervention Protocol to pediatric to geriatric patients with oral motor impairments since 2010.
- Involved in clinical education for more than 10 years and has worked with her team on publications of OM training and dysphagia management

You will learn

- Oro-facial movement assessment battery using the Beckman protocol
- Compensatory techniques for tonic bite with or without utensil, slow oral transit, tongue thrust, cough, gag and vomit
- OM intervention techniques



Rm 1003,
10/F, HK Federation of
Youth Groups Building,
21 Pak Fuk Road,
North Point
(Quarry Bay MTR Exit C)

Target Participants

Speech Therapists,
Occupational Therapists

Accreditations

CPD-OT:12 points

7 Jul 2023 (Fri)

9:00 – 18:30

&

8 Jul 2023 (Sat)

9:00 – 18:30

(Lecture & Practicum)

Registration

\$6,500 per person

(include training tools)

Paired enrolment is required
(each partner submits the
enrolment form individually
with the partner's name
specified on the form)

Remarks

Certificate issued by the Beckman & Associates will be awarded to participants who have attended full course and their names can be listed on the Beckman website.

Course Enrolment Form

PERSONAL INFORMATION

Name:

Mr/Ms/Dr/Mrs* _____ (Surname) _____ (First Name)

Occupation: _____ Organisation: _____

Contact number: _____ (mobile) _____ (office)

Practicing certificate registration number: _____

Email Address (1): _____ Email Address (2): _____

COURSE TO ENROL IN

Course Title	Course Code	Registration Fee
<input type="checkbox"/> 2-day Workshop on "Beckman Oral Motor Assessment & Intervention"	CA-23A-02	<input type="checkbox"/> \$6,500 (for each participant)

PARTNER'S INFORMATION*

Name	Occupation	Organisation	Contact number	Email Address

*Paired enrolment is required (each partner submits the enrolment form individually with the partner's information specified on the form)

PAYMENT

Payment should be made payable to "**SAHK**".

Bank name: _____

Cheque number: _____

*Delete as appropriate

I, the applicant, understand that the information provided on this form will be used by the SAHK Institute for course enrolment and administration purposes, and: (please '✓')

- ☐ I agree to the Institute keeping my personal data and wish to receive other course information from the Institute.
- ☐ I agree to the Institute keeping my personal data but do not wish to receive other course information from the Institute.
- ☐ I request to delete my personal data after completion of the course (Please note that the Institute cannot process your application for re-issuing of certificate, receipt, checking of CE points etc. after deletion).

Applicant's Signature: _____ **Date:** _____

Application Method:

To register, complete and return this form together with cheque to:

SAHK Institute of Rehabilitation Practice
17/F, 21 Pak Fuk Road, North Point, Hong Kong SAR

Please mark "Course Application" on the envelope and put down the "applicant's name" and "course name" on the back of the cheque.

Note:

- Each enrolment form may only be used to apply for one course. Application to different courses must submit separate application with separate cheques.
- Please fill out the required information in block letters and check the accuracy before mailing.
- Course fees are non-refundable and non-transferable.
- Refund will only be arranged upon course cancellation by the organizer.
- Receipt acknowledgements and application results will be sent by e-mail.
- For any enquiries, please contact us at (852) 2778 6191 or e-mail us at: irp@sahk1963.org.hk