

Speaker: Ms Cindy Hang-ye Chan



BSc(Sp&HearSc), certified Beckman Oral Motor (BOM) Assessment and Intervention instructor

Ms Cindy Chan applied Beckman OM Protocol to pediatric to geriatric patients since 2010, as clinical educator for entry-level speech therapy students for more than 10 years, and co-author of the “OM Training and Dysphagia Management”

Upon Course Completion

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

You will receive

- Electronic certificate signed by the Beckman & Associates upon full completion of the workshop
- Electronic CPD certificate upon full completion of the workshop
- Name can be listed on the Beckman website (optional)

CPD Points

- CPD-OT: 12 points
- CPD-ST: 16 points (TBC)

Target Participants

Speech Therapists;
Occupational Therapists

Remarks: Participants will work with the fragile tissues of the oral area; for safety reasons, please trim your fingernails before the workshop.



20 Jun 2025 (Fri)
9:00 – 18:30
&
21 Jun 2025 (Sat)
9:00 – 18:30
(Lecture & Practicum)

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

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)

Features

- Live skills demonstration with close-up shot project on the screen
- Intensive hands-on practice supported by BOM Lab Assistants

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-25A-03	<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
Units 08-09, 15/F, Chinachem Tsuen Wan Plaza, 455-457 Castle Peak Road, Tsuen Wan, New Territories

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

Note:

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