

# Quantum Products Troubleshooting and Repair 0.6 CEU/6.0 CEC



QUANTUM REHAB

## When

Wednesday, September 14th, 2016

9:00AM-5:00PM

## Where

Sheraton Overland Park Hotel

6100 College Blvd.

Overland Park, KS 66211

PH: 913-234-2100



### Course Description:

This course is a full hands-on class working on bugged Quantum Products. Guided by a detailed PowerPoint and lecture, attendees will be introduced to the tools needed to troubleshoot Quantum Products, such as, common test points and proper readings at those points, identification of specific symptoms and faults, what parts and/or programming can cause those faults, and how to properly program/test parts for those faults.

### Learning Objectives:

- 1) Participants will be able to identify and verify common symptoms of problematic Quantum products.
- 2) Participants will be able to recognize parts and/or programming errors that can cause said symptoms.
- 3) Participants will be able to execute proper testing of problematic parts and/or identify incorrectly programmed parameters.
- 4) Participants will be able to diagnose problematic parts, determine the errors origin of that part and follow proper procedures to replace and/or reprogram said part to a successful conclusion.

### REGISTRATION (8:15am - 8:45am)

Fee: \$100.00

Class Time: 9:00am - 5:00pm

#### Location:

Sheraton Overland Park Hotel

6100 College Blvd.

Overland Park, KS 66211

PH: 913-234-2100

Pride Provider?  Yes  No

Pride Account Number (if applicable): \_\_\_\_\_

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Email (required for confirmation): \_\_\_\_\_

Phone: \_\_\_\_\_

#### Payment Method:

Bill to Pride Account Number

Bill to Credit Card (Visa or MC Only)\*

\*Please contact Pete at 800-800-8586 ex. 1072 for Credit Card Payment

Questions contact the Quantum Education Team via PH: 800.800.8586 x 1072 or E: [education@pridemobility.com](mailto:education@pridemobility.com).

**\*\*FAX COMPLETED FORM TO 570-300-4022\*\***

The information contained herein is correct at the time of publication; we reserve the right to alter dates/locations without prior notice.



### ATTENDEE(s)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Special Dietary Needs?

Yes No

Please specify the special dietary need(s): \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Special Dietary Needs?

Yes No

Please specify the special dietary need(s): \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Special Dietary Needs?

Yes No

Please specify the special dietary need(s): \_\_\_\_\_

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