

**HEALING OASIS WELLNESS CENTER
CONTINUING EDUCATION SEMINAR APPLICATION FORM
Canine Basic & Advanced Techniques – Intensive Review
Oct 1st – 2nd, 2016**

Name: _____

Degree (please circle appropriate one): DC, DVM, VMD, Other: _____

Address: _____

Work phone number: _____ Email (required): _____

Admissions requirements:

1. Must be a licensed: DC, DVM or VMD
2. Must have successfully completed an AVCA, CoAC or IVCA approved “Animal Chiropractic” or “Veterinary Spinal Manipulative Therapy” program. **COPY OF CERTIFICATE OF ATTENDANCE MUST BE INCLUDED.**
3. All applicants must also sign the application form attesting to being in good standing with their particular state / provincial / governmental licensing board.
4. Provide a **copy of their current** (not expired) license / registration or official state / provincial permit.
5. ALL licensed professionals **must** include a signed letter stating that they understand their state’s and or provincial rules and regulations as they apply to the use of “integrative or alternative” health care for animals as set forth by their State Veterinary Licensing & Regulation office for Integrative and / or Alternative Modalities **and** those set forth by **their individual Health Care Licensing Boards.**
6. Please include a check for the **total amount of \$475.00** (four hundred seventy five USD, **drawn on a US Bank**). **No foreign checks please.**
7. **Discounts offered (only one discount per person):**
 - a. **Successful graduates of the Healing Oasis will get 10% discount (must be postmarked by August 29th, 2016 and comply with above requirements).**
8. REFUND criteria:
 - a. 75% refund if more than 7 weeks of scheduled date
 - b. 50% refund if more than 5 weeks but less than 7 weeks of scheduled date
 - c. 25% refund if more than 4 weeks but less than 5 weeks of the scheduled date
 - d. NO REFUND if less than 4 weeks of the scheduled date.

***Please note that **ALL CANCELLATIONS** must be done in writing (no messages will be accepted as cancellation). All cancellation notices must be sent via email at CONTACT@HEALINGOASIS.EDU.

Please note, that a 2.1% charge will be applied to all credit card transactions

Healing Oasis Wellness Center
2555 Wisconsin St; Sturtevant, WI 53177-1825
262-898-1680; 262-886-6460FAX
CONTACT@HEALINGOASIS.EDU OR WWW.HEALINGOASIS.EDU

Signature of Applicant: _____ Date: _____

By signing above, applicant acknowledges that they have read the catalog, are in good standing with their particular licensing board and that they are not currently under investigation for unprofessional conduct.