

**HEALING OASIS WELLNESS CENTER
CONTINUING EDUCATION SEMINAR
APPLICATION FORM**

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

Address: _____

Work phone number: _____ Fax number: _____

Email (required): _____ Emergency / cell phone number (will be kept private): _____

Registration for **Applied Kinesiology to improve outcomes (Cranial adjusting, endocrine, and visceral integration) for Small Animals. Seminar scheduled for: Oct6th – 8th, 2017**

Admissions requirements:

1. Must be a licensed DC or DVM/VMD.
2. Must have successfully completed a Post Graduate Training in VSMT or “Animal Chiropractic”. Please include copy of said certificate of attendance or diploma.
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 \$675.00** (six hundred seventy five USD, **drawn on a US Bank**). **No foreign checks accepted.**
 - Regular registration / application \$675.00
 - **Early bird registration: must be postmarked by Aug 23rd, 2017** → \$575.00
7. Previous students **that have successfully completed the VSMT Post Graduate State Approved Certification Program offered at the Healing Oasis**, and did not take advantage of the “early bird” registration, will receive a 10% discount -----→ \$607.50
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 **2.5%** 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
US Toll Free: 866-203-7584

CONTACT@HEALINGOASIS.EDU OR WWW.HEALINGOASIS.EDU

Signature of Applicant: _____ Date: _____

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