

**CONTINUING EDUCATION SEMINAR APPLICATION FORM**  
**Ancillary Procedures to Improve on Spinal Manipulative Therapy Outcomes**  
**October 10<sup>th</sup> – 12<sup>th</sup>, 2025**

Name: \_\_\_\_\_ DC / DVM / VMD/ MVSDegree (circle appropriate abbreviation)

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

Work phone number: \_\_\_\_\_ Email (required): \_\_\_\_\_

Admissions requirements:

1. Must be a licensed: DC, DVM, VMD
2. Must have completed a Veterinary Spinal Manipulation (Animal Chiropractic) Postgraduate Program.  
**COPY OF THE 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. Please provide a **copy of the current** (*not expired*) license/registration or official state / provincial permit.
5. **Cost:**

Full cost of CE for **DVM/VMD/DC** =====> = \$710.00 ☐

**Available discounts:**

- **AARV, AVCA, IVCA, or CoAC active member discount**  
**\*\*\*Registration with payment must be postmarked by or on July 15<sup>th</sup>, 2025 → \$650.00 ☐**  
**\*\*\*YOU MUST INCLUDE official letter stating your active membership**
- **For successful graduates of the Healing Oasis Postgraduate State-Approved Programs**  
**NOTE: Registration with payment must be postmarked by or on July 15<sup>th</sup>, 2025, and comply with the above requirements). -----> = \$600.00 ☐**

**Schedule: Friday 2:00 – 6:00 PM; Saturday 8:00 – 12:00 Noon & 1:00 – 5:00 PM; Sunday from 8:00 – 12:00 Noon**

**Please call the office to provide a cc number for credit card payments. Note that a 3.4% charge will be applied to ALL cc or PayPal transactions.**

REFUND criteria:

- a. 25% refund if more than four weeks but less than five weeks of the scheduled Date
- b. NO REFUND if less than four weeks of the scheduled Date.  
**\*\*\*Please note that *ALL CANCELLATIONS* must be provided in writing (no messages will be accepted as a cancellation). All cancellation notices must be sent via email at [CONTACT@HEALINGOASIS.EDU](mailto:CONTACT@HEALINGOASIS.EDU).\*\*\***

Healing Oasis Wellness Center  
2555 Wisconsin St; Sturtevant, WI 53177-1825  
262-898-1680; 262-886-6460FAX  
[CONTACT@HEALINGOASIS.EDU](mailto:CONTACT@HEALINGOASIS.EDU) OR [WWW.HEALINGOASIS.EDU](http://WWW.HEALINGOASIS.EDU)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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