# IDL – VSMT POSTGRADUATE STATE-APPROVED CERTIFICATION PROGRAM
## APPLICATION FORM

Name: _____Degree (please circle one): DC / DVM / VMD/ Other: _____

Address: _____, _____

**Work** phone number: _____ Email (**required**): _____

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

Registration for program starting: _____ (Date of first module). **For specific program dates, please consult the Main Catalog, the website, or the provided syllabus.**

**Admissions requirements:**
1. Licensed chiropractor (DC) or veterinarian (DVM, VMD) in good standing with their particular state /provincial/governmental licensing board.
2. For professionals registering from outside North America, please provide a copy of the relevant diploma and the appropriate governmental licensure for the country in which you are currently practicing.
3. All applicants must include a **COPY OF YOUR DIPLOMA** and a **COPY of the STATE OR PROVINCIAL UNEXPIRED LICENSE** under which they practice.
4. Include two-character reference letters from non-family members. If self-employed, one of the two letters must briefly describe your practice.
5. Non-veterinary license professionals, please include the signed, initialed, and complete waiver. ("Waiver for Non-Veterinary Licensed Professionals").
6. Two (2) photos – or appropriate passport-size photos.
7. 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 "animal chiropractic" or veterinary spinal manipulative therapy, as set forth by their Veterinary Licensing & Regulation office for Integrative and Alternative Modalities **and** those set forth by **their individual Health Care Licensing Boards. In some instances, you may need to read BOTH Chiropractic & Veterinary regulations.**
8. Please note that, as this is an Interactive Distance Learning program, you must have a high-speed internet connection and a computer with a camera and microphone.
9. The total tuition is $8,389.00.
10. Please include a $200.00 deposit, which includes a $100.00 non-refundable administrative fee, with your registration form.
11. The remaining tuition of $8,189.00 is due two weeks before the scheduled first day of class. The total cost is $8,389.00. Please note that the student is required to purchase several books at an estimated cost of $225.00.

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***Please note that a 3.5% charge will be applied to all credit card transactions, Visa/MC/Discover/Am.Express***

***Deposit includes a $100.00 non-refundable administrative fee*

**Checks payable to:

Healing Oasis Wellness Center
2555 Wisconsin St.
Sturtevant, WI   53177-8100
262-898-1680 Office; 262-886-6460 Fax
INFO@HEALINGOASIS.EDU

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Signature of Applicant: _____ Date: _____

**By signing above, the applicant acknowledges that they have read the school catalog & syllabus, are in good standing with their licensing board, and are not under any investigation.**
**The applicant understands that the school does not guarantee employment, nor does it provide employment assistance.**

Received by: _____ (school representative) Date: _____