

**VETERINARY ACUPUNCTURE PROGRAM**  
APPLICATION FORM

Name: \_\_\_\_\_ Degree (circle appropriate): DVM / VMD/ Lic. Acup., DC

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

Work phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email (required): \_\_\_\_\_ Emergency/cell number: \_\_\_\_\_

Registration for program starting: \_\_\_\_\_ (date of first module)

**Admissions requirements:**

1. Licensed veterinarian (DVM, VMD), licensed acupuncturist (Lic.Acup), and DC with passing score on NBCE Acupuncture exam, and in good standing with their particular state /provincial/governmental licensing or regulatory board.
2. All applicants must include a **COPY OF THEIR DIPLOMA** or a governmental letter. Must include a **COPY of the STATE OR PROVINCIAL UNEXPIRED LICENSE** under which they practice.
3. **For Non-veterinary licensed professionals**, please include the signed, initialed, and completed "Waiver for Non-Veterinary Licensed Professionals".
4. Two (2) photos – or appropriate digital passport-size pictures.
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 Veterinary Acupuncture, 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. You must read BOTH Acupuncture and Veterinary regulations.**
6. Please include a \$200.00 deposit with the application form. \*\*Deposit is non-refundable.
7. The total tuition (which includes a deposit) is \$8,100.00. The remaining tuition of \$7,900.00 is due two weeks before the scheduled first day of class. **No foreign checks, please.**

\*\*\*Please NOTE that a 3.5% charge will be applied to all credit card transactions\*\*\*

\*\*Checks payable to:  
Healing Oasis Wellness Center  
2555 Wisconsin St.  
Sturtevant, WI 53177-1825  
262-898-1680 Office; 262-886-6460 Fax  
[INFO@HEALINGOASIS.EDU](mailto:INFO@HEALINGOASIS.EDU)

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

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