

**VETERINARY MASSAGE & REHABILITATION THERAPY POSTGRADUATE CERTIFICATION
PROGRAM – APPLICATION FORM**

Name: _____ Degree (please circle appropriate profession): DVM, VMD, DC, CVT, LVT, RVT, RN, LMT, CMT, LPT Other: _____ (call the office for confirmation if you have any doubt).
Address: _____, _____

Work phone number: _____ Email (required) _____

Emergency # _____

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

Admissions requirements:

1. Must be a licensed/registered or certified Veterinarian, Chiropractor, Veterinary Technician, Massage Therapist, Nurse, or Physical Therapist, among other licensed health care professionals allowed to attend the class.
2. If the adjunct health care professional does not require certification/licensure in their state or province, said documentation ***must be presented in writing*** with the rest of the requirements for this program.
3. Students currently enrolled in an accredited health care professional college and attending or enrolling in their last semester or trimester may enroll in the VMRT program.
4. Professionals registering from outside North America, please provide a copy of the pertinent diploma, or proper governmental licensure for the country in which you are licensed and currently practicing.
5. All applicants must include a COPY of their diploma and a current (non-expired) license/registration.
6. Include two-character reference letters from non-family members. If self-employed, one of the two letters must briefly describe your practice.
7. Non-veterinary license professionals and healthcare students, please include the signed, initialed, and complete additional waivers. See the landing page on the website of the specific program.
8. Two passport-size photos or similar pictures.
9. All applicants must include a letter stating that they understand all rules and regulations governing integrative/complementary veterinary modalities in their state or province.
10. Total tuition is \$6,189.00.
11. Please include a \$200.00 deposit, which includes a \$100.00 non-refundable administrative fee, with your registration form.
12. The remaining tuition of \$5,989.00 is due two weeks before the first day of class (for a total cost of \$6,189.00). Please note that the student is required to purchase several books at an estimated cost of \$110.00.

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

The Healing Oasis Wellness Center
2555 Wisconsin St
Sturtevant, WI 53177-8100
262-898-1680; 262-886-6460FAX

INFO@HEALINGOASIS.EDU OR WWW.HEALINGOASIS.EDU

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: _____