

**APPLICATION FORM
VETERINARY MASSAGE AND
REHABILITATION THERAPY POST-GRADUATE
CERTIFICATION PROGRAM**

Name: _____

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

Address: _____

Work phone number: _____

Fax number: _____ Emergency / cell # _____

Email (mandatory): _____

Requesting registration for program starting: _____ (date of first module)

Admissions requirements:

1. Must be a licensed / registered or certified: Veterinarian, Chiropractor, Veterinary Technician, Massage Therapist, Nurse or Physical Therapist, are some of the licensed health care professionals allowed to attend the class.
2. If the adjunct health care profession 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. Professionals registering from outside the North American continent please provide a copy of the pertinent Visa, Diploma and proper governmental licensure of the country in which you are licensed and currently practicing
4. All applicants must include: COPY of your diploma and current (non-expired) license
5. Two character reference letters, one from a non-family member and one from an employer
6. Two passport photos
7. All applicants must include a letter stating that you understand your states rules and regulations as they apply to integrative / complementary veterinary modalities
8. Please include a \$200.00 (USD drawn on a US Bank) deposit with application form. ****Deposit includes a \$100.00USD non-refundable fee.**
9. Tuition and a non-refundable application fee is \$3,750.00 USD (**drawn on a US Bank**). The remaining tuition (\$3,550.00) is due during the interview (total cost of \$3,750.00). **No foreign checks please,**

****Please note, that a 2.5% charge will be applied to all credit card transactions****

The 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, you attest to have read the school catalog and that you are currently in good standing with your regulatory / licensing board.