

**HEALING OASIS WELLNESS CENTER
CONTINUING EDUCATION SEMINAR
APPLICATION FORM**

Name: _____ Degree (please circle appropriate one): DC, DVM, VMD, Other: _____

Address: _____

Work phone number: _____ Email (required): _____

Requesting registration for: **Functional & Clinical Aspects of Neuro-Anatomy as it Applies to Rehabilitation & other Manual Therapies** (Seminar Series); CE Meeting scheduled for _____

Admissions requirements:

1. Must be a licensed: DC, DVM/ VMD, CVT/LVT/RVT/AHT, PT, DPT, LMT, or licensed health care professional: _____
2. Must have successfully completed an AVCA, CoAC or IVCA approved "Animal Chiropractic" or "Veterinary Spinal Manipulative Therapy" program
OR successfully completed the CRI, Tennessee Rehab or CVMRT program. Please note that COPY OF SUCCESSFUL COMPLETION MUST BE INCLUDED with application form.
3. All applicants must also sign the application form attesting to being in good standing with their particular state / provincial / governmental licensing board.
4. Provide a **copy of their current** (not expired) license / registration or official state / provincial license.
5. ALL licensed professionals **must** include a signed letter stating that they understand their state/provincial rules and regulations as they apply to the use of "integrative or alternative" health care (in particular manual therapies) for animals as set forth by their own regulatory branches.
6. Please include a check for the **total amount of \$600.00** (six hundred USD, drawn on a US Bank). **No foreign checks please.**
7. **Discounts offered (only one discount per person):**
 - a. **Successful graduates of the Healing Oasis will receive a 10% discount (must be postmarked ONE month [30days] before scheduled seminar) and comply with above requirements.**
 - b. **Diplomates of the Am. College of Veterinary Sports Medicine and Rehabilitation (in good standing) will receive a 15% discount (must be postmarked ONE month [30days] before scheduled seminar) and comply with above requirements).**
 - c. **AARV, AVCA, CoAC or IVCA members in good standing will receive a 5% discount (must be postmarked ONE month [30days] before scheduled seminar) and comply with above requirements.**
8. REFUND criteria:
 - a. 50% refund if more than 5 weeks of scheduled date
 - b. 25% refund if more than 4 weeks but less than 5 weeks of the scheduled date
 - c. NO REFUND if less than 4 weeks of the scheduled date.

***Please note that **ALL CANCELLATIONS** must be done in writing (no voice mail or text messages will be accepted as cancellation). All cancellation notices must be written and sent via email.
Please note, that a **2.5%** charge will be applied to all credit card transactions

Healing Oasis Wellness Center
2555 Wisconsin St; Sturtevant, WI 53177-1825
262-898-1680; 262-886-6460FAX; CONTACT@HEALINGOASIS.EDU

Signature of Applicant: _____ Date: _____

By signing above, applicant acknowledges that they have read their regulatory statutes and are in good standing with their respective licensing boards and are not currently under investigation for unprofessional conduct.