

**HEALING OASIS WELLNESS CENTER  
APPLICATION FORM FOR AUDITING  
VMRT Modules I - III**

Name: \_\_\_\_\_

Degree (please circle appropriate one): DC, DVM, VMD, Other: \_\_\_\_\_

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

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

Email (required): \_\_\_\_\_

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

Requesting registration for Module \_\_\_\_\_, that is scheduled for \_\_\_\_\_

Admissions requirements:

1. Must comply with the minimum degree required for the specific CE seminar that registration is being sent for. For specific requirements see the "Continuing Education Section" on our website – individual CE description.
2. All applicants must also sign the application form attesting to being in good standing with their particular state / provincial / governmental licensing board.
3. Provide a **copy of their current** (not expired) professional license / registration or official state / provincial permit.
4. 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 the use of "integrative or alternative" health care for animals as set forth by their State Veterinary Licensing & Regulation office for Integrative and / or Alternative Modalities **and** those set forth by **their individual Health Care Licensing Boards**.
5. All applicants **must provide** a copy of the certificate of successful completion of their approved school if it is required (see individual description. If in doubt, please contact our office).
6. Please include a check for the **total amount of \$800.00** (eight hundred USD, **drawn on a US Bank**). **No foreign checks please,**
7. REFUND criteria:
  - a. 75% refund if more than 7 weeks of scheduled date
  - b. 50% refund if more than 5 weeks but less than 7 weeks of scheduled date
  - c. 25% refund if more than 4 weeks but less than 5 weeks of the scheduled date
  - d. NO REFUND if less than 4 weeks of the scheduled date.

\*\*\*Please note that **ALL CANCELLATIONS** must be done in writing (no messages will be accepted as cancellation). All cancellation notices must be sent via email at [CONTACT@HEALINGOASIS.EDU](mailto:CONTACT@HEALINGOASIS.EDU).

\*\*\*Please note, that a 2.1% 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  
US Toll Free: 866-203-7584

[CONTACT@HEALINGOASIS.EDU](mailto:CONTACT@HEALINGOASIS.EDU) OR [WWW.HEALINGOASIS.EDU](http://WWW.HEALINGOASIS.EDU)

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

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