

**APPLICATION FORM
VETERINARY SPINAL
MANIPULATIVE THERAPY**

Name: _____

Degree (please circle one): DC, DVM, VMD

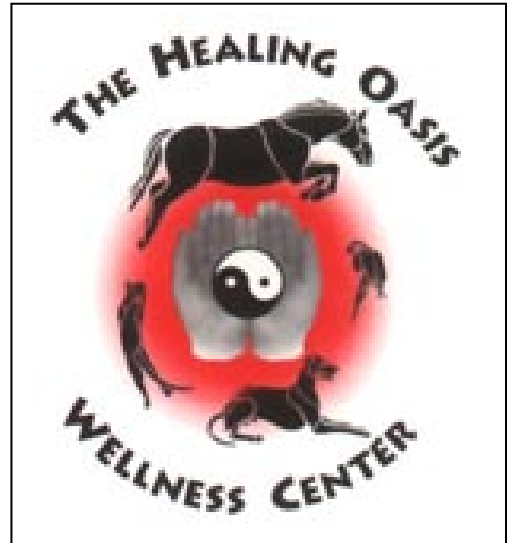
Address: _____

Work phone number: _____

Fax number: _____

Email (required): _____

Emergency phone number (will be kept private): _____



Admissions requirements:

1. Licensed chiropractor (DC) or veterinarian (DVM, VMD) in good standing with their particular state / provincial / governmental licensing board
2. Professionals registering from outside the North American continent please provide copy of the pertinent Visa, Diploma and proper governmental licensure of the country that you are currently practicing. PLEASE INCLUDE A COPY OF YOUR DIPLOMA & STATE OR PROVINCIAL LINCENSE
3. Two character reference letters, one from a non-family member and one from an employer
4. Two photos (passport size)
5. Licensed Veterinarians and Chiropractors please include a copy of the state current license that you are currently practicing under
6. 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 "animal chiropractic" or veterinary spinal manipulative therapy as set forth by their Veterinary Licensing & Regulation office for Integrative and / or Alternative Modalities **and** those set forth by **their individual Health Care Licensing Boards**
7. Include a \$200.00 USD deposit (**drawn on a US Bank**) with the application form and the remaining of tuition (\$4,900.00) due during the interview (total of \$5,100.00). No foreign checks please
8. ****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 OR WWW.HEALINGOASIS.EDU

Signature of Applicant: _____

Date: _____