

**HEALING OASIS WELLNESS CENTER
ADVANCED NEUROLOGY
PROGRAM**



Name: _____; DC, DVM, VMD

Address: _____

Basic ACCAC, AVCA, IVCA, VCA of Canada approved program
completed year _____

School: Backbone Academy HOWC-USA, HOWC-Canada,
OFA, Parker (**circle one**)

Phone number: _____ Fax: _____

Email (required): _____

Emergency phone number (will be kept private): _____

Admissions requirements:

1. Must have a current valid license as a Doctor of Chiropractic or Doctor of Veterinary Medicine (DVM, VMD or equivalent depending on the country like MVSc). **Include a copy of your license and diploma**
2. Successfully completed an ACCAC / AVCA / IVCA / VCA of Canada approved program or a program that has been approved or accredited by a higher educational board or national organization (minimum of 210hrs long post-graduate training).
3. Professionals registering from outside the North American continent please provide copy of the pertinent Visa, Diploma of the school and proper governmental licensure of the country that you are currently practicing and that have successfully completed above mentioned requirement #2.
4. Two passport-size photos
5. Licensed veterinarians and chiropractors, please include a signed letter stating that you understand your state's rules and regulations as they apply to animal or veterinary spinal manipulative therapy as set forth by their individual licensing boards
6. Include a \$200.00 deposit with the application form & the remaining tuition will be due the first day of school. The remaining tuition will depend on the payment method that is chosen (****please refer to our catalog information in our website****). PLEASE NOTE that a 2.1% surcharge will be added to all credit card transactions (Visa, MasterCard, Discover)
7. Two character reference letter

**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