



# PROGRAM APPLICATION

Food Enzyme Institute™

6421 Enterprise Lane • Madison, WI 53719

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www.foodenzymeinstitute.com

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Address (Home or Office?) \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone# (Required) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Record of Previous Health Care Training\*

Institute \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

\*Enclose a copy of your registration, certification, or licensure by the state in which you practice.

## Food Enzyme Institute Program of Seminars

### Seminar One

Food Enzyme Deficiencies: The Hidden Causes of Chronic Complaints  
The Use of Food Enzymes in Clinical Practice

### Seminar Two

Stress Evaluation and Related Nutritional Syndromes  
Practicum and Final Examination

### Required Text:

*Enzymes: The Key to Health* \$15.00 (wholesale)

For students enrolled in the Food Enzyme Institute program, the following refund policy applies, according to regulations set by the Wisconsin State Educational Approval Board. If the Institute cancels or discontinues a seminar, the Institute will make a full refund of tuition paid. The student may withdraw from a seminar at any time. The student has the right to cancel their program and obtain a refund for any seminars paid for but has not attended. Cancellation shall occur when you give written notice of cancellation to the Institute at the address of the Institute shown at the top of the Program Application.

While this System teaches evaluation of stress and determination of appropriate nutritional treatment, it does not in any manner imply that a student is taught the diagnosis of disease. Additionally, each practitioner needs to be aware of their state's laws and regulations and practice within their own scope of practice. This may or may not include utilizing all material taught in these seminars and/or utilization of nutritional supplements.

I have read the Food Enzyme Institute's program catalog. I understand the requirements, financial and academic, to complete the program and to receive a diploma in the Loomis System as a Digestive Health Professional. I have enclosed documentation of previous health care training or the Institute has confirmed receipt of documentation I have already provided.

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