

**APPLICATION FORM
VETERINARY MASSAGE AND
REHABILITATION THERAPY POST-GRADUATE
CERTIFICATION PROGRAM**

Name: _____

Degree (please circle appropriate profession): DVM, VMD, DC, CVT, LVT, RVT, RN, LMT, CMT, LPT
Other: _____ (please contact office for confirmation if you have any doubt).

Address: _____

Work phone number: _____ Fax number: _____

Emergency / cell # _____

Email (mandatory): _____

Requesting registration for program starting: _____ (date of first module)

Admissions requirements:

1. Must be a licensed/registered or certified: Veterinarian, Chiropractor, Veterinary Technician, Massage Therapist, Nurse or Physical Therapist, are some of the licensed health care professionals allowed to attend the class.
2. If the adjunct health care professional does not require certification/licensure in their state or province, said documentation ***must be presented in writing*** with the rest of the requirements for this program.
3. Professionals registering from outside the North American continent please provide a copy of the pertinent Visa, Diploma and proper governmental licensure of the country in which you are licensed and currently practicing.
4. All applicants must include: COPY of your diploma and current (non-expired) license
5. Include two-character reference letters from non-family members. If self-employed, one of the two letters must briefly describe your practice.
6. Non-veterinary license professionals, please include the signed, initialed and complete waiver. ("Waiver for Non-Veterinary Licensed Professionals").
7. Two passport photos.
8. All applicants must include a letter stating that you understand your states rules and regulations as they apply to integrative/complementary veterinary modalities.
9. Please include a \$200.00 (USD drawn on a US Bank) deposit with application form. ****Deposit includes a \$100.00USD non-refundable fee.**
10. Tuition and a non-refundable application fee is \$5,285.00 (**drawn on a US Bank**). The remaining tuition (\$5,085.00) is due during the interview (total cost of \$5,285.00). **No foreign checks please,**

****Please note, that a 2.8% charge will be applied to all credit card transactions****

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

Signature of applicant: _____ Date: _____

By signing above, you attest to have read the school catalog and that you are currently in good standing with your regulatory / licensing board.

IDL – VSMT POSTGRADUATE CERTIFICATION PROGRAM APPLICATION FORM

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

Address: _____, _____

Work phone number: _____ Fax number: _____

Email (required): _____

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

Registration for program starting: _____ (date of first module)

Admissions requirements: **(ALL requirements to be submitted through regular USPS)**

1. Licensed chiropractor (DC) or veterinarian (DVM, VMD) in good standing with their particular state /provincial/governmental licensing board.
2. For professionals registering from outside the North American continent, please provide a copy of the pertinent Visa, Diploma, and proper governmental licensure of the country that you are currently practicing.
3. All applicants must include a **COPY OF YOUR DIPLOMA** and a **COPY of the STATE OR PROVINCIAL UNEXPIRED LICENSE** under which they practice.
4. Include two-character reference letters from non-family members. If self-employed, one of the two letters must briefly describe your practice.
5. Non-veterinary license professionals, please include the signed, initialed and complete waiver. (“Waiver for Non-Veterinary Licensed Professionals”).
6. Two (2) photos - passport size.
7. 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 Alternative Modalities **and** those set forth by **their individual Health Care Licensing Boards. In some instances, you may need to read BOTH Chiropractic & Veterinary regulations.**
8. Please note that as this is an Interactive Distance Learning program, you must have a high-speed internet connection and a computer with a camera and microphone.
9. Please include a \$200.00 (USD drawn from a US Bank) Deposit with the application form. **Deposit includes a \$100.00USD non-refundable fee.
10. Tuition and a non-refundable application fee are \$7,310.00 (drawn on a US Bank). The remaining tuition (\$7,110.00) is due two weeks before the scheduled first day of class. The total cost is \$7,310.00. **No foreign checks, please,**

Please note that a 3.1% charge will be applied to all credit card transactions

**Direct bank transfers fees vary

***Deposit includes a \$100.00 non-refundable fee*

**Checks payable to:

Healing Oasis Wellness Center

2555 Wisconsin St.

Sturtevant, WI 53177-1825

262-898-1680 Office; 262-886-6460 Fax

CONTACT@HEALINGOASIS.EDU

Signature of Applicant: _____ Date: _____

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