



PROGRAM APPLICATION

Food Enzyme Institute™

478 Commerce Drive Suite 201 • Madison, WI 53719

Toll-Free 800-662-2630 • Phone 608-273-8115 • Fax 608-273-8110

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: *Clinical Judgment in Diet, Digestion, Bowel Elimination, and Autointoxication*

Food Enzyme Deficiencies: The Hidden Causes of Chronic Complaints

The Use of Food Enzymes in Clinical Practice

Seminar Two: *Clinical Judgment in Absorption, Immune System, Autonomic Nervous System, and Endocrine System*

Stress Evaluation and Related Nutritional Syndromes

Practicum and Final Examination

Required Text:

Enzymes: The Key to Health \$22.95 (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: _____