



Certified Veterinary Food Therapy Course Class Registration Instruction



Prerequisites:

1. Licensed Veterinarian or third or fourth year veterinary student.
2. Completion of TCVM Fundamental Theories Training (Yin Yang, Five Elements and Eight Principles). This training may be completed by watching lectures on DVDs (extra tuition may be applied) at home.
3. To all new students of Chi Institute, a one-time non-refundable \$100 application fee is required for application process and document student file. The registration will not be processed without the application fee.

Step-by-Step Instructions on the Registration Form:

Step 1. Check which courses you have previously attended.

Step 2. Fill out contact information.

Step 3. Select the registration time-bracket(s) for the course selected. The full payment for the tuition must be received or postmarked 60 days before the beginning of corresponding course. A \$50 late fee will be charged if the payment is sent within 1-59 days before the beginning of corresponding course.

Step 4. Select the Method of Payment.

Step 5. If you are a new student of Chi Institute, please attach a brief biographical sketch explaining your type of work and your motivation for attending our course(s). Please indicate any previous exposure or experience with Traditional Chinese Medicine including acupuncture or Chinese herbals. Please also attach a recent passport photograph of yourself. Please note a one-time nonrefundable **\$100 application fee** is required for application process and student file.

Step 6. Please print and SIGN this form. Mail and fax (if possible) the signed form with your payment to us by using the contact information at the top of the page.

Refund Policy:

Cancellations may be made by phone but a cancellation letter must be submitted to Chi Institute in writing via fax, mail or email and signed by the doctor who is canceling before the refund is issued.

- More than 30 days prior to class date = 100% refund for payment by check 96% refund for credit card payments.
- 15 to 29 days prior to class date = 75% refund for payment by check and 71% for credit card payments
- Within 15 days of the class date = No refund

Transfer Policy:

If a student wants to transfer from an already paid module to another, no fee will be charged if the student notifies Chi Institute 14 days before the beginning of the corresponding module or earlier. However, it is the student's responsibility to pay the tuition difference if there is any. A 10% reschedule/transfer fee will be charged if the student notifies Chi Institute within 1 to 13 days before the beginning of corresponding module. The payment for all rescheduled or transferred modules can't be refunded later. It is only possible to transfer to the same class/session/module held in a different time (following years).

A \$25 fee is required for all payments made through wire transfer.



**Certified Veterinary Food Therapy Course
Class 2020 Registration Form**

STEP 1: Check courses previously attended.

Veterinary Acupuncture: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed	Where: _____ When: _____
TCVM Clinical Approach / Herbology: <input type="checkbox"/> HT/LU <input type="checkbox"/> SP/ST <input type="checkbox"/> Liver/Endo <input type="checkbox"/> Kid/Geri <input type="checkbox"/> Derma/Immu	
Advanced Courses: <input type="checkbox"/> Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Advanced Veterinary Acupuncture	

STEP 2: Contact Information/Preferred Mailing Address. Print or type all information clearly.

NAME	First Name:	Middle Name:	Last Name:
TITLE		NICKNAME	LICENSE #
BUSINESS		PRACTICE	Small Animal Equine Mixed Other _____
ADDRESS (W)	Street Address:		
	City:	State:	Zip Code: Country:
ADDRESS (H)	Street Address:		
	City:	State:	Zip Code: Country:
TELEPHONE	Work:	Home:	Fax:
EMAIL	For Chi Institute only (Required):		Public:
SPECIAL DIET: <input type="checkbox"/> I have special dietary needs and restrictions and will bring my own lunch (Gluten free, allergies, vegan, ect.)			

STEP 3: Check the module(s) you wish to register for and related fees.

Certified Veterinary Food Therapy Class 2020 (on-site Mar 19-22, 2020) (online April 7- August 7, 2020)	
<input type="checkbox"/> Application Fee: \$100 (new student only) <input type="checkbox"/> \$150* certification (base tuition does not cover certification)	<input type="checkbox"/> On-site Tuition \$1,300 paid 60 days prior to start of class <input type="checkbox"/> Online Tuition \$1,300 paid 60 days prior to start of class <input type="checkbox"/> Additional \$50 late fee if paid within 60 days of class
*\$150 fee includes take-home exam, case report review and certification.	Total Balance: \$

STEP 4: Select Method of Payment and Answer the Question

<input type="checkbox"/> CHECK NO: _____ ALL checks must be drawn on USA Banks - US Dollars Only Payable to: Chi Institute of Chinese Medicine. (Include your name on the memo line If pay by company check).	
Please charge \$ _____ on this credit card now. <input type="checkbox"/> Please charge my balance on this credit card 60 days before the class starts.	
CREDIT CARD#: _____ EXP. : ___/___ SIGNATURE: _____ DATE: _____	
SECURITY CODE: _____ BILLING ADDRESS: _____ ZIP CODE: _____	
How did you hear about this course?	<input type="checkbox"/> Friends <input type="checkbox"/> Conference _____ <input type="checkbox"/> Magazine <input type="checkbox"/> Mailer <input type="checkbox"/> Internet <input type="checkbox"/> Email <input type="checkbox"/> Other _____

STEP 5: If this is the first time you register courses with us, please attach a brief biographical sketch and a recent photograph. A non-refundable \$100 application fee is required for all new students.

STEP 6: Please print and SIGN this form. Mail and fax (if possible) the signed form with your payment to us by using the contact information at the top of the page.

Bio Sheet to Accompany Registration for Student File

Name: _____

Title: _____

I graduated from _____ Veterinary School in

19____ 200____

I have have not previously studied acupuncture.
I have have not previously studied Chinese herbs.

Previous Background, if applicable:

My current practice specializes in:

I work on Small Animals Y N Equine Y N Exotics Y N Other:

My goals in studying TCVM are:

Some personal information about me and my interests:

Signed: _____ Date _____

(Use reverse side if more room is needed)