



## TCVM Clinical Approach/Chinese Herbology Program Registration Instruction

### Prerequisites:

1. Licensed Veterinarian.
2. Completion of a veterinary acupuncture course provided by Chi Institute, IVAS, CSU or Tuft.
3. A module of Introduction to Chinese Herbal Medicines is required for those who have not taken any Chinese herbal courses before. This module is offered by DVD. The student must watch and study all 5 lectures on the DVD before the regular module of the herbology program.
4. To all new students of Chi Institute, a **one-time non-refundable \$100 application fee** is required for application process and student file. The registration will not be processed without this fee.

### Step-by-Step Instructions on the Registration Form:

- Step 1. Check which Veterinary Acupuncture and TCVM Clinical Approach/Herbal course(s) you have previously attended.
- Step 2. Fill out contact information.
- Step 3. Select the registration time-bracket(s) for each Herbal Module you wish to participate in. The full payment for the tuition of each module must be received or postmarked 30 days before the beginning of corresponding module. A \$50 late fee will be charged if the payment is sent within 1-29 days before the beginning of corresponding module. An additional \$100 onsite registration fee will be charged if the student waits to pay the tuition on site.
- Step 4. Select the Method of Payment.
- Step 5. If you are the new student of Chi Institute, please attach a brief biographical sketch explaining your type of work and your motivation for attending our program(s). Please indicate any previous exposure or experience with Traditional Chinese Medicine including acupuncture or Chinese herbals. Please also attach a recent photograph of yourself. Please note a one-time **\$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.
- 14 to 29 days prior to class date = 90% refund/86% for credit card
- 7 to 13 days prior to class date = 80% refund/76% for credit card
- No shows = No refund / No transfer

### 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.

### Discount Policy:

The 20% discount applies if a student completes all modules of the Chi Institute TCVM Clinical Approach and wishes to repeat a module. If you fall in this category, please mark the 20% discount checkbox at the bottom of the table of step 4 of registration form and fill the "Grand Total Due" with the amount after discount.



## TCVM Clinical Approach/Chinese Herbology Program 2007 Registration Form

**STEP 1: Please check courses you 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 Programs: <input type="checkbox"/> Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points	

**STEP 2: Contact Information/Preferred Mailing Address. Please print or type all information clearly.**

NAME	First Name:	Middle Name:	Last Name:
TITLE		NICKNAME	LICENSE #
BUSINESS		PRACTICE	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed <input type="checkbox"/> Other _____
ADDRESS (W)	Street Address:		
	City:	State:	Zip Code: Country:
ADDRESS (H)	Street Address:		
	City:	State:	Zip Code: Country:
TELEPHONE	Work:	Home:	Fax:
EMAIL	Public: _____ For Chi Institute only: _____		

**STEP 3: Please select the Registration Time-Bracket(s) for the module(s) you wish to participate in.**

Introduction	Feb 8- 11 2007	Apr 12 - 15, 2007	Aug 23 - 26, 2007	Oct 11 - 14, 2007	Dec 6 - Dec 9, 07
Offered by DVD. Required for new herbal students.	<b>Liver/Endocrine</b>	<b>Dermatology /Immunology</b>	<b>Gastrointestinal</b>	<b>Respiratory /Cardiovascular</b>	<b>Kidney/Geriatric/ Urinary/Reproductive</b>
<input type="checkbox"/> \$100 (Application Fee, new student only)	<input type="checkbox"/> \$750 paid before Jan 8, 2007	<input type="checkbox"/> \$750 paid before Mar 12, 2006	<input type="checkbox"/> \$750 paid before July 23, 2007	<input type="checkbox"/> \$750 paid before Sep 11, 2007	<input type="checkbox"/> \$750 paid before Nov 6, 2007
<input type="checkbox"/> \$100 (Herbal Introduction Class )	<input type="checkbox"/> \$800 paid during Jan 9- Feb 7, 07	<input type="checkbox"/> \$800 paid during Mar 13-Apr 11, 07	<input type="checkbox"/> \$800 paid during July 24-Aug 22, 07	<input type="checkbox"/> \$800 paid during Sep 12-Oct10, 07	<input type="checkbox"/> \$800 paid during Nov 7-Dec.5, 07
<input type="checkbox"/> \$150 (Case Report Review and Certification )	<input type="checkbox"/> \$850 paid during Feb 8- 11 2007	<input type="checkbox"/> \$850 paid during Apr 12 - 15, 2007	<input type="checkbox"/> \$850 paid during Aug 23 - 26, 2007	<input type="checkbox"/> \$850 paid during Oct 11 - 14, 2007	<input type="checkbox"/> \$850 paid during Dec 6 - Dec 9, 07
<input type="checkbox"/> 20% discount (if re-take the course)				<b>Grand Total:</b>	\$ _____

**STEP 4: Please select the method of your 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"/> Charge tuition on this card 30 days before the selected session(s).	
BILLING ZIP CODE: _____ (REQUIRED, the zip code where you receive your bills for this card.)	
CARD NO: _____ EXP. ____/____ SIGNATURE: _____ DATE: _____	
<b>How did you know this program?</b>	<input type="checkbox"/> Friends _____ <input type="checkbox"/> Conference _____ <input type="checkbox"/> Magazine _____ <input type="checkbox"/> Internet _____ <input type="checkbox"/> Mailer _____ <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)*