

## Veterinary Herbal Medicine / TCVM Clinical Approach Program ON-LINE Class Registration Instruction



### Prerequisites:

1. Licensed Veterinarian.
2. A module of Introduction to Chinese Herbal Medicine is required for those who have not taken any Chinese herbal course 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. A module of Introduction to Traditional Chinese Veterinary Medicine (TCVM) is offered by DVD and is required for those who have not taken any TCVM course before.
3. 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.
4. High speed internet connection.

### 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 herbology module(s) you wish to take.
- Step 4. Select the Method of Payment. Tuition is due on the day of registration.
- 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.

- Over 30 days prior to the corresponding onsite class beginning date = 100% refund for check payment and 96% refund for credit card payment.
- 15 to 29 days prior to the corresponding onsite class beginning date = 75% refund/71% for credit card
- Within 15 days of the corresponding onsite class beginning date = No refund

### Transfer Policy:

A student may transfer his registration to another online/onsite module if the student notifies Chi Institute 14 days before the beginning date of the corresponding onsite class. Student should pay for the tuition difference if any. No transfer may be made within 15 days of the corresponding onsite class beginning date.

### Discount Policy:

A 50% discount applies if a student wishes to repeat a module that he has taken at the Chi Institute before.

\$200 discount applies if a student registers all five modules (ON-SITE/ON-LINE) and pays for the tuition for all five modules in full at the time of registration.



## TCVM Clinical Approach/Chinese Herbology Program ON-LINE Class 2010 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 Programs: <input type="checkbox"/> Veterinary Tui-na <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Adv. Acupuncture <input type="checkbox"/> Veterinary Food Therapy    |                          |

**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:                               |

**STEP 3: Check the module(s) you wish to register.**

| Liver/<br>Endocrinology  | Dermatology/<br>Immune-mediated         | Gastrointestinal/<br>Spleen             | Respiratory/<br>Cardiovascular          | Kidney/Urinary/<br>Geriatric/<br>Reproductive |
|--|---|---|---|---|
| Feb 14 to May 13, 2010   | May 23 to Aug 22, 2010                  | Aug 8 to Nov 7, 2010                    | Oct 31, 10 to Jan 30, 11                | Nov 28, 10 to Feb 27, 11                      |
| <input type="checkbox"/> \$750   | <input type="checkbox"/> \$750          | <input type="checkbox"/> \$750          | <input type="checkbox"/> \$750          | <input type="checkbox"/> \$750                |
| <input type="checkbox"/> \$375 (retake)  | <input type="checkbox"/> \$375 (retake) | <input type="checkbox"/> \$375 (retake) | <input type="checkbox"/> \$375 (retake) | <input type="checkbox"/> \$375 (retake)       |
| <b>Fees:</b> Application Fee: <input type="checkbox"/> \$100 (new student only) TCVM Introduction: <input type="checkbox"/> \$100 Herbal Introduction: <input type="checkbox"/> \$100 Case Report Review and Certification: <input type="checkbox"/> \$250 |   |   |   |   |
| <input type="checkbox"/> Charge my credit card below for the tuition 30 days before each checked module<br><input type="checkbox"/> Save \$200 for registering and paying the tuition for all five modules in full now                                     |   |   | <b>\$ Total Due:</b>                    |   |

**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<br>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 (tuition due at registration). Name on Card: _____<br>BILLING ZIP CODE: _____ (REQUIRED, the zip code where you receive your bills for this card).<br>CREDIT CARD#: _____ EXP. : ___/___ SIGNATURE: _____ DATE: _____ |   |
| <b>How did you hear about this program?</b>  | <input type="checkbox"/> Friends _____ <input type="checkbox"/> Conference _____ <input type="checkbox"/> Magazine _____<br><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)*