



## Veterinary Herbal Medicine / TCVM Clinical Approach Program On-Site/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.
3. A module of Traditional Chinese Veterinary Medicine (TCVM) Fundamental is offered by DVD and is required for those who have not taken any TCVM courses, such as Veterinary Acupuncture and etc, before.
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 TCVM course(s) you have previously attended.

Step 2. Fill out your contact information.

Step 3. Select the herbology module(s) you wish to take.

Step 4. Select the registration time-bracket(s) for each Herbal Module you wish to participate in. The full payment for the tuition of each on-site module must be physically in our office by 30 days before the beginning of corresponding module. A \$50 late fee will be charged if the payment is sent within 29 days before the beginning of corresponding on-site module. On-line modules: payment will be charged one day prior to activation. If you are a new student of Chi Institute, please attach the brief biographical sketch explaining your type of work and your motivation for attending our program(s). Please also attach a recent photograph of yourself and/or email one to [register@tcvm.com](mailto:register@tcvm.com).

Step 5. 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 payments.
- 15 to 29 days prior to the corresponding onsite class beginning date = 75% refund and 96% refund for credit card payments.
- 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.



## Veterinary Herbal Medicine 2011 On-Site/On-line Class 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: _____
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**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	<input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Exotic <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	For Chi Institute only (Required):		Public:

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

Module	On-site Class	On-line Class (choose your own starting date)	Desired On-line Starting Date (on-line class only)
<b>Liver/Endocrinology</b> (On-line Only)	On-line Only	<input type="checkbox"/> \$750 for 4 months study <input type="checkbox"/> \$375 (retake)	<input type="checkbox"/> As soon as my registration processed <input type="checkbox"/> On ___/___/___
<b>Dermatology/Oncology/ Immune-mediate Diseases</b> (April 28-May 1, 2011)	<input type="checkbox"/> \$750 paid by March 29, 2011 <input type="checkbox"/> \$800 paid after March 29, 2011 <input type="checkbox"/> \$375 (retake)	<input type="checkbox"/> \$750 for 4 months study <input type="checkbox"/> \$375 (retake)	<input type="checkbox"/> As soon as my registration processed <input type="checkbox"/> On ___/___/___
<b>Respiratory/Cardiovascular</b> (On-line Only)	On-line Only	<input type="checkbox"/> \$750 for 4 months study <input type="checkbox"/> \$375 (retake)	<input type="checkbox"/> As soon as my registration processed <input type="checkbox"/> On ___/___/___
<b>Gastrointestinal/Spleen</b> (July 28-31, 2011)	<input type="checkbox"/> \$750 paid by June 29, 2011 <input type="checkbox"/> \$800 paid after June 29, 2011 <input type="checkbox"/> \$375 (retake)	<input type="checkbox"/> \$750 for 4 months study <input type="checkbox"/> \$375 (retake)	<input type="checkbox"/> As soon as my registration processed <input type="checkbox"/> On ___/___/___
<b>Kidney/Urinary/ Geriatric/Reproductive</b> (On-line Only)	On-line Only	<input type="checkbox"/> \$750 for 4 months study <input type="checkbox"/> \$375 (retake)	<input type="checkbox"/> As soon as my registration processed <input type="checkbox"/> On ___/___/___
<input type="checkbox"/> Application Fee: \$100 (new student only); <input type="checkbox"/> TCVM Fundamental: \$100; <input type="checkbox"/> Herbal Intro: \$100; <input type="checkbox"/> Case Report Review & Certification: \$250; <input type="checkbox"/> <b>\$200 Discount</b> for registering and paying the tuition for all five modules in full at once (20 months study period for all the on-line modules)			
<i>Complimentary On-line Library for online class registrations: review previously taken on-line classes as needed</i>		<b>Grand Total for the Payment:</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 Payable to: Chi Institute of Chinese Medicine. (Include your name on the memo line if paying by company check).	
<input type="checkbox"/> Charge my credit card below for \$ _____ now <input type="checkbox"/> Charge my card 1 day prior to on-line starting date or 30 days before the on-site class *CnHlgf uTGS WKtGF +CREDIT CARD#: _____ EXP: ___/___ Name on Card: _____ Security Code: _____ BILLING Address: _____ ZIP CODE: _____ SIGNATURE: _____ DATE: _____	
<b>How did you hear about 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 you are a new student of Chi Institute, please attach a brief biographical sketch and a recent photograph.**
**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)**