

CANADIAN ANIMAL CHIROPRACTIC CERTIFICATION PROGRAM  
APPLICATION FORM:

ADMISSION REQUIREMENTS:

1. North American Applicants;
  - a) Chiropractors;
    - i. Chiropractic School,
    - ii. Must provide a copy of their diploma,
    - iii. Must provide a copy of their current license.
  - b) Veterinarians;
    - i. Must have graduated from a Council on Education of the American Veterinary Medical Association (AVMA) accredited Veterinary School,
    - ii. Must provide a copy of their diploma,
    - iii. Must provide a copy of their current license.
  
2. International Applicants (Chiropractors and Veterinarians);
  - a) Must provide a copy of their Chiropractic or Veterinary School diploma,
  - b) Must provide a copy of the proper governmental licensure for the country in which the applicant is currently practicing,
  - c) Must provide a copy of their Visa or Passport.
  
3. All Applicants;
  - a) Must provide two (2) photos (passport size),
  - b) Must provide two (2) character references to whom there is no relation, one from an employer, if applicable,
  - c) Must include a non refundable deposit of \$791.00 (CAD) (\$700.00 + 13% HST) with the application form, with the balance of the tuition \$5424.00 (\$4800.00 + 13% HST) due by the first day of the first module (total \$6215.00 CAD, GST included). This fee may be in the form of: Credit Card Number or a certified cheque or money order made payable to Veterinary Chiropractic Learning Centre , 124 Charing Cross St., Brantford, ON, Canada, N3R 2J1.  
(Visa / MasterCard / Amex / Discover - are all accepted.)
  
4. All Chiropractic Applicants;
  - a) Please include a signed letter stating that you understand your provincial/state rules and regulations as they apply to animal chiropractic as set forth by both the Chiropractic and Veterinary Licensing Boards of your province/state.

Name: \_\_\_\_\_

Degree (please circle one): DVM, VMD, DC

Visa/MC: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email (required): \_\_\_\_\_

Emergency phone number (will be kept private): \_\_\_\_\_

Signature: \_\_\_\_\_