

**ANIMAL CHIROPRACTIC CERTIFICATION PROGRAM (CANADA)
APPLICATION FORM**



Admission Requirements:

1. North American Applicants;
 - a) Chiropractors;
 - i. Must have graduated from a Council on Chiropractic Education (CCE) accredited 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 \$700.00 CAD (non-refundable) deposit with the application form, with the balance of the tuition (\$5500.00 CAD) due by the first day of the first module (total \$6215.00 CAD, HST included). This fee may be in the form of a Visa/Master Card Number or a certified cheque or money order made payable to Healing Oasis Wellness Centre of Canada, 124 Charing Cross St., Brantford, ON, Canada, N3R 2J1.
Please note that a 2.1% charge will be applied to all credit card transactions.

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: _____