

**APPLICATION FORM  
VETERINARY SPINAL  
MANIPULATIVE THERAPY**

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

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

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

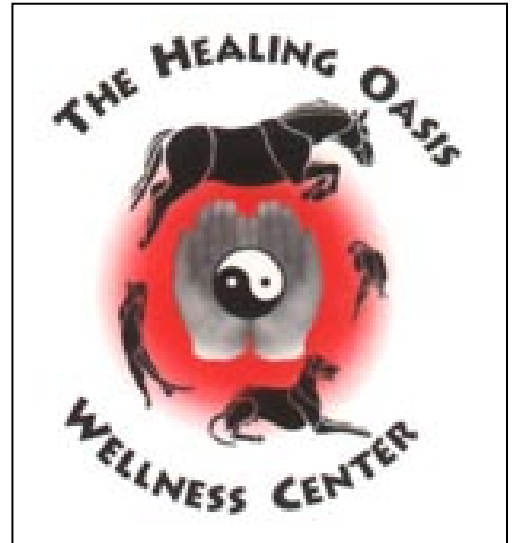
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Work phone number: \_\_\_\_\_

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

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

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



Admissions requirements:

1. Licensed chiropractor (DC) or veterinarian (DVM, VMD) in good standing with their particular state / provincial / governmental licensing board
2. Professionals registering from outside the North American continent please provide copy of the pertinent Visa, Diploma and proper governmental licensure of the country that you are currently practicing. PLEASE INCLUDE A COPY OF YOUR DIPLOMA & STATE OR PROVINCIAL LINCENSE
3. Two character reference letters, one from a non-family member and one from an employer
4. Two photos (passport size)
5. Licensed Veterinarians and Chiropractors please include a copy of the state current license that you are currently practicing under
6. ALL licensed professionals must include a signed letter stating that they understand their state's and or provincial rules and regulations as they apply to "animal chiropractic" or veterinary spinal manipulative therapy as set forth by their Veterinary Licensing & Regulation office for Integrative and / or Alternative Modalities **and** those set forth by **their individual Health Care Licensing Boards**
7. Include a \$200.00 USD deposit (**drawn on a US Bank**) with the application form and the remaining of tuition (\$4,600.00) due during the interview (total of \$4,800.00). No foreign checks please
8. \*\*\*\*Please note, that a 2.1% charge will be applied to all credit card transactions\*\*\*\*

Healing Oasis Wellness Center  
2555 Wisconsin St  
Sturtevant, WI 53177-1825  
262-898-1680; 262-886-6460FAX  
US Toll Free: 866-203-7584

[HOWC@THEHEALINGOASIS.COM](mailto:HOWC@THEHEALINGOASIS.COM) OR [WWW.THEHEALINGOASIS.COM](http://WWW.THEHEALINGOASIS.COM)

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_