



## **Veterinary Herbal Medicine / TCVM Clinical Approach Course On-Site/On-line Class Registration Instruction**

### **Prerequisites:**

1. Licensed Veterinarian or third or fourth year veterinary student.
2. A module of Chinese Herbal Fundamental Knowledge is required for those who have not taken any Chinese herbal course before. This module is offered as an online course. The student must watch and study all 15 lectures online before the regular module of the herbology course.
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. Online 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 course(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.

### **Class Transfer Policy:**

A student may request to transfer his/her registration to a future class by calling our registration department directly at +1-800-891-1986 x. 5 or emailing [register@tcvm.com](mailto:register@tcvm.com). Financial responsibility remains with the student for all class fees unless a proper transfer request is received and confirmed by CHI prior to the start of the class. Class transfers are subject to the following fees (measured from the first day of the class)

- \* More than 30 calendar days No charge
- \* 30 or fewer calendar days 10% of the total class fee

The student is responsible for paying any difference in tuition or fee increase between the registered class and the transferred class. A class registration can be transferred only ONCE. After the transfer, the registration is no longer cancellable or transferable and any payment associated with it is no longer refundable.

### **Class Cancellation 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. The following class cancellation fee schedule (measured from the first day of the class) applies:

- \* More than 60 calendar days No charge/Full Refund
- \* 30 - 60 calendar days 25% of the total class fee
- \* 15 - 29 calendar days 50% of the total class fee
- \* 8 - 14 calendar days 75% of the total class fee
- \* 7 or fewer calendar days 100% of the total class fee

### **Fees and Refunds**

All cancellation and transfer fees will be charged to credit cards provided by the student at the time of registering for the class. For a cancellation with payment(s), the refund of the paid amount less the cancellation fee will be issued. All refunds for credit card payments are subject to 4% of the total refund amount as a processing charge.

A \$25 fee is required for all payments made through wire transfer.



## Veterinary Herbal Medicine 2018 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:
SPECIAL DIET: <input type="checkbox"/> I have special dietary needs and restrictions and will bring my own lunch (Gluten free, allergies, vegan, ect.)			

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

Module	On-site Class	Online Class
<input type="checkbox"/> Chinese Herbal Fundamental Knowledge*: \$375		
<b>Kidney/Urinary/Geriatric/Reproductive</b> (Nov 15-18 2018)	<input type="checkbox"/> \$795 paid within 30 days of <input type="checkbox"/> class \$800 paid after 30 days	<b>Dec 29, 2018 - April 29, 2019:</b> <input type="checkbox"/> \$795 for 4 months study <input type="checkbox"/> No Handout Binder (500+ pages) -\$50 <input type="checkbox"/> No Herbal Sample Kit (30 herbs) -\$50
<b>Gastrointestinal/Spleen</b> (Mar 1-4, 2018)	<input type="checkbox"/> \$795 paid within 30 days of <input type="checkbox"/> class \$800 paid after 30 days	<b>May 5 – Sept 5, 2018:</b> <input type="checkbox"/> \$795 for 4 months study <input type="checkbox"/> No Handout Binder (500+ pages) -\$50 <input type="checkbox"/> No Herbal Sample Kit (22 herbs) -\$50.
<b>Dermatology/Oncology/Immune-mediate Diseases</b> (Online Only)	Online Only	<b>July 21 – Nov 21, 2018:</b> <input type="checkbox"/> \$795 for 4 months study <input type="checkbox"/> No Handout Binder (500+ pages) -\$50 <input type="checkbox"/> No Herbal Sample Kit (25 herbs) -\$50
<b>Respiratory/Cardiovascular</b> (Online Only)	Online Only	<b>Feb 17 - June 17, 2018:</b> <input type="checkbox"/> \$795 for 4 months study <input type="checkbox"/> No Handout Binder (500+ pages) -\$50 <input type="checkbox"/> No Herbal Sample Kit (35 herbs) -\$50.
<b>Liver/Endocrinology</b> (Online Only)	Online Only	<b>Oct 13, 2018 – Feb 13, 2019:</b> <input type="checkbox"/> \$795 for 4 months study <input type="checkbox"/> No Handout Binder (500+ pages) -\$50 <input type="checkbox"/> No Herbal Sample Kit (27 herbs) -\$50
<input type="checkbox"/> Application Fee: \$100 (new student only); <input type="checkbox"/> TCVM Fundamental: \$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>*15 hours of online lectures required for those new to herbal medicine.</i>		
<i>Complimentary Online Library for online class registrations: review previously taken online 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 30 days before the class	
CREDIT CARD#: _____      EXP: ____ / ____      SECURITY CODE: _____	
BILLING ADDRESS & ZIP CODE: _____      SIGNATURE: _____      DATE: _____	
<b>How did you hear about this course?</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\_\_\_\_ 20\_\_\_\_**

**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)**