



Options for Animals College of Animal Chiropractic

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Application for Attendance in Post-Graduate Animal Chiropractic Continuing Professional Development (CE/CPD Hours)

(Please print legibly. This application constitutes an enrollment agreement and is deemed a contractual relationship between the applicant and Options for Animals as regulated by K.S.A 74-32, 162-183 and K.S.A 88-23-2a.)

All Courses on the Website have been approved by the Kansas Board of Regents.

This Application is for the Course _____

being offered: (Mo/Day/Yr) ____/____/____ CE/CPD Hours: _____

(Please complete the above information as accurately as possible so that our staff can register you in the correct Course.)

Doctor's Name: _____

Degree: DC DVM VMD License Number: _____ State/Country: _____

This application is for the Options for Animals College of Animal Chiropractic's Course mentioned above. Each session consists of Lecture and/or Hands-On Laboratory Time, and the student will receive pertinent written notes and materials. Lunch is provided where Lunch is mentioned in the schedule.

After successful completion of the course, the student will receive a certificate of completion. Options for Animals makes no guarantee as to career placement or career opportunities for any of its students that complete the course.

TUITION: Tuition is based on the number of hours attended as described below: See Course Descriptions for the number of Hours of credit offered for each course. (Effective Sept 1, 2009)

Hours of Credit	Cost of Course
12 Hours (Minimum)	\$450.00 USD
16 Hours	\$600.00 USD
20 Hours	\$750.00 USD
22 Hours	\$825.00 USD
30 Hours	\$1,125.00 USD
32 or More Hours	\$1,200.00 USD

Admission Requirements:

- The Applicant must be a Chiropractor or Veterinarian that has completed a Basic Animal Chiropractic Course at an AVCA or IVCA approved school.
If completed at a school other than Options for Animals, please indicate which school:

School _____ Approximate Date Completed (MM/DD/YYYY) _____

- The Applicant must be in good standing in the areas in which he/she practices and with his/her professional associations.

With this signed and completed application, the applicant must include:

- 1. If completed Basic Course at a school other than Options for Animals, please send a copy of your completion certificate.
- 2. Payment as described on next page.

Contact Address and Phone: Home Business Other _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Daytime Phone: _____ Home Business Cell

Evening Phone: _____ Home Business Cell

Fax: _____

Email Address: _____ Website: _____

Emergency Contact Person: Name: _____

Relation to you: _____ Phone: _____

Payment Options:

Deposit to Hold a Seat:

Sessions often fill quickly. You are placed on the roster when a completed application and payment are received at the Options for Animal's office. If the Course is already filled, you will be notified and have the choice to be placed on a waiting list, have your application processed for the next most convenient session or have your application returned and deposit refunded.

The **DEPOSIT FEE** to hold a seat is **\$100.00 USD**. The Deposit Fee is non-refundable except as described above. Please indicate below your plans for paying:

- 1. **Payment in full. (Please indicate amount as indicated by the chart on the previous page: _____)**
- 2. **Payment of \$100.00 USD Non-Refundable Deposit with the remaining Balance due at the beginning of the Course.**

DO NOT MAKE TRAVEL ARRANGEMENTS until you have written or verbal confirmation from Options on your placement and status. We can not guarantee that you can attend if placed on a waiting list.

Forms of Payment: (All forms of payment should be made payable to: Options for Animals)

- 1. Bank Check in United States Funds,
- 2. United States Money Order or International Money Order,
- 3. Bank Transfers (Please contact the school for bank transfer information.), or
- 4. Visa, Mastercard and American Express are accepted. We can not accept plain debit cards at this time.

Charge Card Number: _____ Exp. Date: _____

Cardholder's Name as it appears on the Credit Card: _____

IMPORTANT, PLEASE READ:

Every attempt is made to offer courses and seminars as announced. Options for Animals reserves the right to adjust course and seminar dates, times, locations, faculty and tuition to accommodate unexpected circumstances and occurrences. Every attempt will be made to notify paid registrants in advance of program changes. Options cannot be held responsible for expenses incurred by registrants if programs must be altered. Fees are subject to change without notice

Prior to signing this Enrollment Agreement, each Party has read and understands and agrees to all of the provisions of this Agreement. All provisions are enforceable as soon as the Applicant signs the Agreement and it is received by the College.

Applicant: _____

College Administrator: _____

_____ Date: _____ Date: _____