



**CANADIAN ANIMAL CHIROPRACTIC/VETERINARY SPINAL  
MANIPULATION CERTIFICATION PROGRAM:  
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) letters of reference to whom there is no relation, one from an employer (if applicable),
  - c. Must include a non-refundable deposit of \$791.00 CAD (\$700+13%HST) with the application form, with the balance of the tuition (\$5350+\$695.50HST CAD) due by the first day of the first module (total \$6045.50 CAD, HST included). This fee may be in the form of: Credit Card or Certified Cheque or Money Order made payable to: **The Veterinary Chiropractic Learning Centre** (Visa/Mastercard/Amex/Discover – are all accepted)
  - d. Application forms may be mailed to: 92 Governor’s Road East, Paris, Ontario N3L 3E1 or faxed to 519-448-1609
4. All Chiropractic Applicants;

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.
5. All Veterinary Applicants;

Please include a signed letter stating that you understand your provincial/state legislation regarding the use of the title “Chiropractor”, including any possible penalties for an offence.
6. At no time during the program is any form of reproduction of course material permitted. This includes, but is not limited to, audio recording, video recording, photocopying, or the use of any form of social media communication.

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: \_\_\_\_\_