



**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 professional 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 professional 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) **signed** letters of reference to whom there is no relation, one from an employer (if applicable),
 - c) Must include a non-refundable deposit of \$1638.50 CAD (\$1450+\$188.50) with the application form, with the balance of the tuition (\$7125.00+\$926.25 CAD) due by the first day of the first module (total \$9689.75 CAD, HST included). Payment may be in the form of: E-transfer to admin@vclceducation.ca; Certified Cheque or Money Order made payable to: **Veterinary Chiropractic Learning Centre**; or Credit Card (Visa/Mastercard/Amex/Discover are all accepted). There is a 1.9% processing fee when using a Credit Card
 - d) Application forms are to be scanned and emailed to admin@vclceducation.ca
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.

DR. ANNETTE LANGLOIS, PHONE: 519-771-8505



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7. If you require any accommodation, please make us aware of your requirements here.

Name: _____

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

Chosen Method of Payment (please check one): E-transfer___; Certified Cheque or Money Order___

Credit Card: ___ Visa/MC: _____ Exp. Date: _____

CVV Code: _____

Address: _____

Phone number: _____

Email (required): _____

Emergency phone number (will be kept private): _____

Signature: _____

Submittal of a signed application acts as consent to process your Deposit Fee