

APPLICATION

BIOREGULATORY MEDICINE DIPLOMA COURSE

Please note that all applications are subject to review and acceptance by the Academy Board. Successful applicants will be offered the place by the Course Principal in written form.



American Academy for Bioregulatory Medicine

1. General details

*Required

* Full name

* Clinic/Hospital/Surgery (if appropriate)

*Address

* Postal address (if different from above)

*Phone

Fax

Mobile

Email

2. Education

University Education

Higher education

* Professional education (complementary or specialist courses)

3. Medical Experience

* Describe type of practice and duration

4. Accredited Modalities

Please list medical modalities you have completed including short professional CPD seminars or courses.

Medical Doctor or Veterinary/Dental Surgeon Please tick

Psychotherapist, Psychologist

Accredited complementary practitioners (i.e. naturopathy, acupuncture, herbalism, chiropractic..)

Non Accredited complementary practitioners (i.e. healers, bioresonance..)

Other

5. Payment details

The Course Fee for academic year 2016 is \$4,100
Initial Deposit of returnable \$1,000 is required by all applicants. Once the place is offered and accepted, deposit fee becomes non-refundable and the rest of fee is payable in full before commencement of the course.

Please enclose cheque in credit of "asbm"

Please charge my card

Visa Master Exp ____ / ____

Card number

I would like to pay Deposit of £1,000* Please tick

I would like to pay full fee

6. Declaration

I hereby declare and confirm that I will abide by the rules and information provided in the prospectus and Course handouts

Date _____ Name _____ Signed _____

Please send filled in application with payment to: Academy for Bioregulatory Medicine, Biomedic Centre, 23 Manchester Street, London W1U 4DJ