



# Diplomate in Cranio-Cervical Junction Procedures Year 1 Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

College of Graduation: \_\_\_\_\_ Year: \_\_\_\_\_

DC License: \_\_\_\_\_ State: \_\_\_\_\_

Email address: \_\_\_\_\_ Alt Email Address: \_\_\_\_\_

## ANNUAL TUITION

**Tuition for Year 1: \$3250**

### Payment Options

**Option 1:** Two installments (discounted 10%). First installment due with registration; balance due August 1, 2016.

**Option 2:** Monthly by **AUTO DEBIT** only. Checks accepted for initial deposit, not monthly payments. Two months deposit (\$650) required with registration. 3rd and following payments of \$325 will be charged 10 days prior to each module starting with Module 2 and ending with Module 9.

## PAYMENT METHOD (Check your option)

I am paying in:       1 installment (\$2925)       2 installments (\$1462.50)

**By check** (Make payable to ICA Council on Upper Cervical Care)

**By credit card** (fill cred card information below)

**I am paying monthly** and hereby authorize payments of \$325 to be made monthly to the credit card below:

**For my initial deposit of \$650**       I am enclosing a check       charge to the credit card

## CREDIT CARD INFORMATION

MasterCard       Visa       American Express       Discover

Account #: \_\_\_\_\_ Exp date: \_\_\_\_\_

Security Code (Imp): \_\_\_\_\_ Signature: \_\_\_\_\_

**CONTINUING EDUCATION CREDITS:** CE credits will be applied for the following modules only:

Module 3; Module 4; Module 5; Module 6; Module 7; Module 9 : Total of 60 hours

Indicate which state you need CE credits for \_\_\_\_\_

Please note that the ICA Council on Chiropractic Upper Cervical Care does not guarantee that your state will approve hours applied for as some states approve only a limited number of hours for out of state programs. In Canada only Alberta will be applied to if required.

**READ TERMS AND CONDITIONS ON PAGE 2 AND SIGN BEFORE RETURNING. APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE ON PAGE 2.**

## TERMS AND CONDITIONS FOR DIPLOMATE IN CHIROPRACTIC CRANIO-CERVICAL PROCEDURES

This registration form is for Year 1 of the DCCJP program and you are registering for all 10 modules.

All DCs enrolled in Year 1 need to pass the Year 1 online test (Module 10) in order to proceed to the next phase of the program (Years 2 & 3).

If you are paying via Option 1 and decide you are unable to attend BEFORE attending any modules fees paid will be refunded less \$325. If you decide or are unable to continue after starting the program you will be charged \$325 for each module attended and a penalty of \$500 and the balance refunded. Example: If you paid \$2925 and discontinue after attending 3 modules you would be refunded \$1450.

If you sign up for monthly auto debit and discontinue after attending a few modules, you will be charged \$325 per module attended and a penalty of \$500 will be charged to your credit card on file.

The ICA Council on Upper Cervical Care is not responsible for any travel or accommodation expense made by registrants if due to extreme weather conditions (e.g. storms, ice, floods, etc) a class has to be cancelled.

The ICA Council on Upper Cervical Care reserves the right to replace instructors or modules in the event of an emergency or change in curriculum without advance notification to registrants.

No certificate of completion will be given after Year 1. This is only the first phase of a 3-year program. However, if you discontinue after passing the Year 1 exam you may pick up the program, if and when it is offered within a period of 3 years.

I have read the above and agree to the terms as stated

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail both pages with payment to:**  
ICA Council on Upper Cervical Care  
6400 Arlington Blvd, Suite 800  
Falls Church, VA 22042

**If paying by credit card fax both pages to:**  
Attn: Molly Rangnath  
Fax: 703-351-7893  
Questions? Call Molly at 571-765-7554