



National Institute of Whole Health

PROGRAM REGISTRATION FORM for WELLCOACHES PROFESSIONALS

wholepersonhealthcare.org

148 Linden Street, Suite 208A, Wellesley, MA 02482

1-888-354-HEAL (4325) - FAX: 781-431-0017

PROGRAM OR COURSE NAME: Whole Health Science program for Wellcoaches Professionals _____

STUDENT NAME: PHONE: EMAIL: _____

ADDRESS: _____

ENTRANCE REQUIREMENTS: _____

CLOCK HOURS: __128 contact hours_____

COURSE STARTS: 2013_____ TO BE COMPLETED: _____2013 **

TUITION FEE: \$1897.00 This is an exclusive National Institute of Whole Health program, provided in partnership with Wellcoaches School of Coaching.

1 - One Time Payment: Learner may pay in full and receive all program enrollment keys and related access to classroom platform. The processing fee is waived with a one-time payment.

2 - 30 Day Payment Plan – Learner pay the full tuition in two parts. Half the tuition is due on the learner’s start date. The second half is due within 30 days. There is an additional \$25.00 processing fee for each of the two payments with this plan.

Whole Health, the tuition terminal for the National Institute of Whole Health is granted permission

to charge \$ _____ on my credit card number _____

_____ exp. date _____ cvv: (code on card) _____

for my on-line Whole Health Science program, which begins on _____2013 as per payment above.

Learner will receive a Continuing Education contact hour certificate of completion for each course submitted which can be used for professional CE contact hours where applicable, or for post-professional training and tax deduction reporting.

** Please note: This is an 18 week, 128 professional development and continuing education contact hour program. **Completing the program includes the submission and approval of all required course work, and a passing grade of 85% on the Final Proctored Exam.** If learner requires additional time beyond the allotted 18 weeks, cost-effective extension-time packages are available for purchase.

REFUND and WITHDRAWAL POLICY:

PLEASE READ THIS REFUND POLICY THOROUGHLY BEFORE SIGNING

If you wish to withdraw at any time of your enrollment, your termination is subject to the following refund guidelines:

- (1) If you withdraw during the first 10 days after enrollment you will receive a 75% refund, minus the individual cost of any video courses that have been accessed. Individual CE video courses are valued and charged at \$235.00 per course, as indicated on our website Fees page.
- (2) If you withdraw after the first 10 days of enrollment, but before the 28th day of enrollment, you will receive a 50% refund, minus the individual cost of any video courses that have been accessed. Individual CE video courses are valued and charged at \$235.00 per course, as indicated on our website Fees page.
- (3) If you withdraw on or after the first 29 days of enrollment, but before the 42nd day after enrollment, you will receive a 25% refund, minus the individual cost of any video courses that have been accessed. Individual CE video courses are valued and charged at \$235.00 per course, as indicated on our website Fees page.
- (4) If you withdraw after the 42nd day of enrollment there is no tuition refund available.

NIWH withdrawal fees are based on the cost to NIWH to provide quality video streaming curriculum for its learners. These costs include but are limited to: (a) 4% credit card processing fee (b) Bulk royalty fees for video viewing (c) Back end cost re: on-line classroom registration for Amazon.com server with pre-paid unlimited 10-day streaming video packaging (d) On-line learner account enrollment maintenance (e) all staff time and adviser retainers (f) Service time for on-line process. (g) Withdrawal processing fee (i) Presenter's fees. (j) Editing fees (k) Research updates.

You will be provided professional continuing education for your specialty, or the most closely applicable CE contact hours, upon submission of your essay assignment & evaluation form, if applicable.

If you wish to terminate this agreement, you must inform the program in writing of your reason for termination, which will become effective the day, such writing is mailed or e-mailed.

Learner's signature _____ Last 3 digits Social Security # _____

DATE: _____ PLEASE E-MAIL THIS FORM TO Conor@niwh.org and a copy to contact@wellcoaches.com