

Homeopathy School International

Advanced Clinical Studies (Year 3)

Application Form

Please mail this completed application form to
Homeopathy School International, 727 Sheridan Ave, Loveland, CO 80537
or Email this application form to barbara@homeopathyschool.org.

PRINT CLEARLY

First Name Last Name Gender Birth Date

Address City State Zip Code

Home Phone Work Phone Cell Phone

Social Security # Place of Birth Email Address

Emergency Contact Emergency Phone #

Name and Address of Homeopathy Program Completed (500 hrs. minimum)*

Year Graduated Telephone # of School Email Address of School

I verify that the above information is true and correct.

Signature

Date

*If you attended a 500-hour program in classical homeopathy other than at the
Homeopathy School International, please attach a copy of your transcript to this
application.

Homeopathy School International

Payment by Check

If paying the \$75 application fee by check, make the check payable to Homeopathy School International.

Payment by Credit Card

To pay the \$75 application fee by credit card, please complete the following information. To be more secure you may call the office with this information if you wish: 970-685-4613 or 303-440-3717

Name as it appears on your credit card

Street address where you receive your credit card statement

City name and zip where you receive your credit card statement

Credit card number

Credit card expiration date

Three-digit security number on the back of your credit card

Signature

Date