

# The Seattle School of Homeopathy

*Education for a healthier world*

1124 6th Avenue S., Edmonds WA 98020

425-672-4485 fax 425-776-5511

www.seattleschoolofhomeopathy.com info@seattleschoolofhomeopathy.com

## APPLICATION FORM

Consult schedule and courses pages on SSH website for exact dates and class details.

Please type or print your answers to the following questions, and return completed form to our office. New students for year long courses or clinic must complete all 4 pages. Students for seminars of three weekends or less, and returning students, need complete only page 1. Clinic applicants not on SSH diploma program must complete interview.

My application is for (check whichever apply):

Materia Medica Year, Remedies from Minerals, Plants, Animals: Sept-June 2011-12; 150 hours = \$4100

Single weekend, Materia Medica Year: \$415 (current Bastyr or NCNM students: \$315)

Acute Care Certificate Course, Fall 2011, 39 classroom hours: \$650 + \$100 deposit = \$750 total

Acute Care Course: Fall 2011, Mods. 3-13 (no intro), 33 classroom hours: \$550 + \$100 deposit = \$650 total

Acute Care Homeopathy: Fall 2011, Individual module (s) (specify which #): \_\_\_\_\_ = \$80 per module

Acute Care Homeopathy: Fall 2011, 39 hrs., returning student: \$275 + \$100 deposit = \$375 total

Supervised student clinic: Jan.-June yearly (75 hours each sequence): \$100 deposit + \$1700 = \$1800

Pathophysiology: Modules 13-24, 3 weekends, 38 hrs, Aug. 2011-May 2012: \$650+ \$100 deposit = \$750

Advanced Methodologies: Sensation Method, with Doug Brown: Jan. 2013-Jun. 2013 (75 hrs) = \$1700

Your Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Fax \_\_\_\_\_ email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Past study of homeopathy? Yes No How many hours? \_\_\_\_\_ Teachers or program? \_\_\_\_\_

*Checks are payable to SSH, or Seattle School of Homeopathy.*

*For credit card payments, SSH accepts VISA or Mastercard only. Additional 3% credit card surcharge required.*

Name as printed on the card \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Date of payment \_\_\_\_\_ Tuition \_\_\_\_\_ Surcharge (3%) \_\_\_\_\_ Total \_\_\_\_\_

Authorizing cardholder signature (required) \_\_\_\_\_

Where did you hear about The Seattle School of Homeopathy? Please specify.

Word of mouth

Advertisement

Website or link

Other

Someone will contact you shortly to confirm admission status. We look forward to seeing you in class!

# The Seattle School of Homeopathy

## COMPREHENSIVE PROGRAM APPLICATION FORM

Please complete, in addition to page one, if you are applying for one or more weekends of Comprehensive Program. Mail with completed Confidentiality/Ethics form and check for \$100 deposit to The Seattle School of Homeopathy. You will be contacted by SSH office, and will receive payment contract to complete, once application and references are reviewed.

What attracts you to homeopathy? \_\_\_\_\_

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Past homeopathy courses or seminars attended, including dates and instructors \_\_\_\_\_

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Formal education \_\_\_\_\_

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Other training, license(s), certification(s) \_\_\_\_\_

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Brief summary of work history \_\_\_\_\_

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Current employment situation; how many hours do you work each week? \_\_\_\_\_

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What is your primary motivation for pursuing this course of study at this time? How do your personal background, life experience and/or career plans influence this decision, and what do you hope to gain from this training? (Please attach additional page or use reverse side).

Do you have any special needs, or other concerns about the program? Please be specific.

For instance, are there certain teaching methods or resources that might enhance your overall learning experience?

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References: Please provide the names and telephone numbers of two people who know your character well, who are not family members, and would be willing to serve as references.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

## PAYMENT AND REFUND POLICIES; TEXTBOOK EXPENSES

**Schedule for payments and deposit, Comprehensive Course:** \$100 processing fee (“deposit”) is charged by school to process application and establish student record system. Payment of deposit holds place in course until one week before first class. Balance of tuition is due not later than 1 week (7 days) before first class. Full tuition is gratefully accepted at earlier date, and expedites processing of fees. Checks should be made payable to the Seattle School of Homeopathy. Visa/MC accepted. Applicants will be emailed or phoned and notified of their application status within one month of receipt of complete application/deposit. Payment plans (installment plans) are available at additional charge by prior arrangement with SSH business office.

**Schedule for payments for Acute Care Course:** \$100 deposit holds place in complete Acute Care or Veterinary Courses; \$400 balance is due by one week prior to first class. Entire payment (\$75) due upon registration for individual Acute Care module, and holds place—on space available basis. Priority will be given to applicants completing entire acute care class sequence.

**Estimated Textbook / Software Expenses:** Comprehensive program students will need to budget between \$500-\$750 for required books for all three years of the SSH diploma program. Many texts are available on computer software programs as well; consult SSH for details as to where software can be ordered and opportunities for possible bulk order discounts. Homeopathic software can range from \$600 to several thousand dollars. Textbooks for acute care course range from \$20 to approximately \$100.

## CANCELLATION AND REFUND POLICIES

Cancelled classes, or students refused entry: Students who do not meet admission criteria and are refused entry will be refunded all monies less \$25 processing fee. If class is cancelled due to insufficient enrollment or any other reason, all monies will be refunded to student, unless student wishes to put payment towards a future class.

Students who withdraw (from Comprehensive Class): Students who withdraw prior to the start of the first class weekend will receive full tuition minus \$100 processing (deposit) fee. Students who withdraw prior to the start of the second class weekend will receive a 90% refund of remaining tuition, minus \$100 deposit fee. All withdrawals before the sixth class weekend of the year will receive a 50% refund of remaining tuition (minus \$100 deposit). There will be no tuition refunds for students who withdraw after completion of the fifth class weekend. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance.

Acute Care: Students who withdraw prior to their second module of their class sequence will be refunded all tuition except the \$100 deposit. There are no refunds for withdrawal after completion of a student’s third module of classes.

All refunds will be paid within thirty calendar days of the student’s official termination date.

# The Seattle School of Homeopathy

## CONFIDENTIALITY AND ETHICS AGREEMENT

As a member of the Seattle School of Homeopathy, I agree:

1. To keep under strictest confidence all material pertaining in any way to patients, which was used for teaching purposes, or was gained while I was undertaking clinical training at the Seattle School of Homeopathy. I realize that patients have granted consent to teachers and/or directly to the SSH to use their case information for teaching purposes only;
2. To keep under strictest confidence all personal material revealed by fellow students in the course of classes or training at the SSH;
3. To treat fellow students, faculty, and all patients in a respectful and professional manner;
4. To refrain from representing my professional capacities as exceeding those specified in the regulations governing my professional license(s). If I am unlicensed, I will refrain from representing myself as a doctor or other licensed professional.
5. To refrain from the use of alcohol or other intoxicants or illicit substances during class or clinic time.

In signing this ethics agreement, I indicate my understanding of its terms, and my awareness that violation of any portion of it may result in my dismissal from the Seattle School of Homeopathy, without refund of remaining unused tuition.

Applicant's signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

In signing this agreement, I acknowledge that applicant has been informed in writing of his or her ethical responsibilities to the SSH community and potential consequences for violation of that trust.

SSH Director's signature \_\_\_\_\_

Print name) \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax your completed 2-page application, signed confidentiality and ethics agreement, and \$100 application fee/deposit and/or tuition payment to:

The Seattle School of Homeopathy, 1124 Sixth Avenue South, Edmonds, Washington 98020

If you have any further questions, feel free to contact us at SSH at 425-672-4485 or email us at [info@seattleschoolofhomeopathy.com](mailto:info@seattleschoolofhomeopathy.com). We will contact you to acknowledge receipt and reviewed of your application materials. You will receive enrollment/payment agreement 4 weeks prior to first class.