

Vermont Center for Integrative Herbalism Family and Clinical Herbalist Application Form

Name:	Phone:	
Program Name:		
Email:	Mailing Address:	
Emergency Contact Name:		
Emergency Contact Phone:	Relationship:	
Medical conditions or allergy information you'd like us to know (to ensure your safety during our course):		
How did you hear about this course?		
Would you like your e-mail address to be added to our mailing list?		
Application materials to include with this form:		
1. On a separate sheet of paper, please:		
• Describe any relevant training and experience you have had in the fields of herbalism, human physiology		
and therapeutics, and other health care modalities. Describe in detail any formal training programs you have		
completed (attach course catalog/syllabus if available), along with conferences and workshops, clinical experience, and employment. Organized self-study, if adequately documented, can also constitute relevant		
experience.	,	
• Include a one to two page personal statement evolations	ining your interest in nursuing herbal studies. If anniving	
• Include a one to two page personal statement explaining your interest in pursuing herbal studies. If applying for the advanced years of the Clinical Herbalist training program, please discuss your personal philosophy of		
wellness and passion for healing work. Also, discuss your preparedness for and commitment to undertaking		
a personally and academically demanding course of st	ruay.	
For office use only:		
determined description	-1	

- 2. Print, read and sign the Student Agreement document and include it with this application. (The Student Agreement can also be downloaded from our website.)
- 3. Attach a small photo of yourself, headshot style, to your application to help us begin matching names and faces.
- **4. Include a deposit of \$250.00 to secure your place in the program.** Please make checks payable to VCIH.

Tuition and Deposit Information:

Tuition is due on the first day of classes for each year. Payment plans are an option to help students fulfill their tuition requirement. VSAC grants may be available for Vermont residents and can reduce the total tuition cost. Please contact us for more information about either of these options.

A deposit of \$250.00 secures your place in the program; if no deposit is included, we cannot hold your space. The \$250.00 deposit is nonrefundable upon your acceptance into the program and will be applied to your tuition. In the event that you are not accepted, your deposit will be refunded to you in full.

Application Checklist:

By August	t 15 th , please send the following to the address below:
☐ Thi	s form
☐ You	ur experience and personal statement
☐ Sign	ned Student Agreement
☐ Pho	oto
☐ De _l	posit (or payment in full)
Address:	
VCIH	
252 Main St	treet

Visit and Interview:

Montpelier, VT 05602

We will contact you to schedule a formal admissions interview shortly after the August 15th deadline. We strongly recommend that students visit VCIH in person and to sit in on classes, if possible, but the interview can also be conducted via phone if necessary.