



GOLD STANDARD FACIAL ACUPUNCTURE® Certification Program Registration Form and Agreement

Name: _____ (Male or Female) Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip/Postal code: _____ Country: _____
 E-mail: _____
 Office phone: _____ Fax: _____ Cell: _____
 Acupuncture School: _____
 Graduation Date (Month/Year) _____
 License Number: _____

TUITION OPTIONS

(Enrollment is limited - sign up early and save!)

Early Bird Discounted Rate Register and pay in full before February 23, 2021 \$6000 (Save \$1000)	Regular Payment Plan Register between February 24-March 23, 2021 \$7000 - 4 installments of \$1750	Late Payment Plan Register after March 23, 2021 \$7500 - 4 installments of \$1875
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EARLY BIRD FULL PAYMENT TERMS AND CONDITIONS:

Your full payment of \$6000 will be processed when you register and is non-refundable as per our cancellation policy.

I agree to the terms and conditions and have read the cancellation policy.

Signature of Applicant: _____ Date: _____

REGULAR AND LATE PAYMENT PLAN TERMS AND CONDITIONS:

Your credit card is charged when you register for the program and before the beginning of each set of training modules. By signing this agreement, you consent to the fact that your credit card is automatically charged before each set of 2 training modules for the remaining installments even if you withdraw from the program (see cancellation policy).

Yes, please enroll me in the payment plan for the GOLD STANDARD FACIAL ACUPUNCTURE® Certification Program. I agree to the payment plan terms and conditions and have read the cancellation policy.

Signature of Applicant: _____ Date: _____

TUITION OPTIONS (CHOOSE ONE):

- Early Bird full payment - \$6000
- Regular Payment Plan - 4 installments of \$1750
- Late Payment Plan - 4 installments of \$1875

Please indicate form of payment

- Check (full payments USD only)
- Credit card (Visa/MasterCard/Discover/American Express); credit cards will be charged in USD. Foreign participants must remit payment by credit card.

Credit card #: _____ Expiration Date: _____

Signature: _____ Security Code: _____

Make checks (USD only) payable to Mary Elizabeth Wakefield, and mail with this signed agreement, to:

Chi-Akra Center for Ageless Aging
250 East 63rd Street, Suite 607
New York, NY 10065
USA

Or call with your Visa/MasterCard/Discover or American Express: *please note a signed copy of this agreement is required to be officially registered. Your electronic signature on this form is considered legal and binding. Please email a PDF of the signed document, or a facsimile thereof, to us.*

Phone: 212-593-1954, or 888-652-5550 (cell: 646-647-5646)

Email: chi.akra@gmail.com, ageless.aging@facialacupuncture-wakefieldtechnique.com

Your credit card information or your check with your completed registration form will hold your place in the program.

CANCELLATION AND REFUND POLICY:

Due to the comprehensive nature of this certification program, your participation in the GOLD STANDARD FACIAL ACUPUNCTURE® Certification can only be cancelled in cases of *force majeure*, (i.e., a death in the immediate family, serious personal illness (with an M.D.'s document verifying the nature of the condition) or other "acts of God". *Chi-Akra Center for Ageless Aging* will ultimately determine whether the reason for cancellation falls under the purview of *force majeure*. You will be refunded (or not charged) for any remaining modules.

If the certification should be cancelled prior to the start of the program by the Instructors you will receive a full refund.

- I have read and agree to the Cancellation and Refund Policy.

Signature of Applicant: _____ Date: _____

PROGRAM ENROLLMENT AND CERTIFICATION REQUIREMENTS

ALL TRAINING MODULES MUST BE TAKEN SEQUENTIALLY

- ✚ You must take and complete all 8 training modules within the 2-year period and pass the certification exam in order to achieve a certification in GOLD STANDARD FACIAL ACUPUNCTURE®.

PROFESSIONAL ACUPUNCTURISTS AND ADVANCED ACUPUNCTURE STUDENTS ONLY

- ✚ To enroll, you must be a licensed or registered acupuncturist, and provide proof of having graduated from an ACAOM-accredited or equivalent acupuncture school. Attendance by International practitioners will require an equivalent level of training.
- ✚ Advanced students about to graduate must speak directly with Mary Elizabeth Wakefield, LAc, MS, MM about attending this certification. Contact her at chi.akra@gmail.com or call Chi-Akra Center at 212-593-1954.

MALPRACTICE INSURANCE

- ✚ You must show proof of current malpractice or professional liability insurance.

FINAL EXAMINATION REQUIRED:

You are required to complete the final examination to be certified. It consists of two parts: 1) a practical “hands-on” assessment of your skills, and 2) a verbal examination. If you fail either or both tests, you must make arrangements with the instructors to re-take them at a later date to be certified.

DENIAL OF CERTIFICATION:

We reserve the right to deny you a certification and/or terminate enrollment due to misconduct, incompetence, misrepresentation of your credentials, unwillingness to complete case studies and other homework, or for not completing satisfactorily and passing both final exams.

If you are asked to discontinue the certification process, monies will be refunded only for the **uncompleted portion** of the program. No money will be refunded for courses previously completed or partially completed and the GOLD STANDARD® license cannot be used without satisfactory completion of all training levels.

YOUR AGREEMENT TO PROGRAM ENROLLMENT AND CERTIFICATION REQUIREMENTS:

- I have read and agree to the Enrollment Requirements and Information.
- I have attached proof that I am a licensed acupuncturist (or the equivalent, for international participants) or an advanced acupuncture student.
- I have attached proof of current malpractice or professional liability insurance.

Signature of Applicant: _____ Date: _____