



# SPORTS MEDICINE ACUPUNCTURE® CERTIFICATION PROGRAM

Phone: 619 997 8555 / Fax: 1 844 965 9479 / PO BOX 7699 San Diego, CA. 92167

www.SportsMedicineAcupuncture.com / registration@sportsmedicineacupuncture.com

## SMA CERTIFICATION PROGRAM REGISTRATION SAN DIEGO | MAY 2017 – APRIL 2018

*Location: Marina Village Conference Center, 1936 Quivira Way, Building G, "Terrace room" San Diego, CA 92109*

Module One: The Spine	Tuition	CEUs/PDAs	Select
Anatomy/Palpation/Cadaver Lab..... <i>Tuesday, May 16 – Wednesday, May 17, 2017. 9AM – 5PM</i>	\$700.00	14	<input type="checkbox"/>
Huatuojiaji Points: Vertebral Fixations and Facilitated Segments..... <i>Thursday, May 18- Friday, May 19, 2017. 9AM – 5PM</i>	\$500.00	14	<input type="checkbox"/>
Postural Assessment & Corrective Exercise (PACE) I..... <i>Saturday May 20, 2017 9AM – 5PM   Sunday May 21, 2017. 8AM – 4PM</i>	\$500.00	14	<input type="checkbox"/>
Total for Module I.....	\$1700.00	42	
<b>Total Tuition of Module One if paid in full (5% Discount).....</b>	<b>\$1615.00</b>		<input type="checkbox"/>

Module Two: The Neck and Upper Extremity	Tuition	CEUs/PDAs	Select
Anatomy/Palpation/Cadaver Lab..... <i>Thursday, June 15 – Friday, June 16, 2017. 9AM – 5PM</i>	\$700.00	14	<input type="checkbox"/>
Fascial Release for the Myofascial Meridians..... <i>Saturday, June 17 2017 9AM – 5PM   Sunday, June 18, 2017. 8AM – 4PM</i>	\$500.00	14	<input type="checkbox"/>
Assessment & Treatment of Neck, Shoulder, & Upper Extremity Injuries..... <i>Saturday, September 9 – Tuesday, September 12, 2017. 9AM – 5PM</i>	\$995.00	28	<input type="checkbox"/>
Postural Assessment and Corrective Exercises (PACE) II..... <i>Wednesday, September 13, 2017 9AM – 5PM   Thursday, September 14, 2017. 8AM – 4PM</i>	\$500.00	14	<input type="checkbox"/>
Total for Module II.....	\$2695.00	70	
<b>Total Tuition of Module Two if paid in full (5% Discount) .....</b>	<b>\$2560.25</b>		<input type="checkbox"/>



# SPORTS MEDICINE ACUPUNCTURE® CERTIFICATION PROGRAM

Phone: 619 997 8555 / Fax: 1 844 965 9479 / PO BOX 7699 San Diego, CA. 92167

www.SportsMedicineAcupuncture.com / registration@sportsmedicineacupuncture.com

Module Three: The Low Back and Hip	Tuition	CEUs/PDAs	Select
Anatomy/Palpation/Cadaver Lab..... <i>Saturday, October, 21 – Sunday, October, 22 2017. 9AM – 5PM</i>	\$700.00	14	<input type="checkbox"/>
Fascial Release for the Myofascial Meridians ..... <i>Monday October 23, 2017, 9AM – 5PM   Tuesday, October 24, 2017. 8AM – 4PM</i>	\$500.00	14	<input type="checkbox"/>
Assessment & Treatment of Low Back and Hip Injuries ..... <i>Tuesday, January 23, 2018, - Friday, January 26, 2018 9AM – 5PM</i>	\$995.00	28	<input type="checkbox"/>
Postural Assessment and Corrective Exercises (PACE) III ..... <i>Saturday, January 27, 2018, 9AM – 5PM   Sunday, January 28, 2018. 8AM – 4PM</i>	\$500.00	14	<input type="checkbox"/>
<b>Total for Module III.....</b>	<b>\$2695.00</b>	<b>70</b>	

<b>Total Tuition of Module Three if paid in full (5% Discount).....</b>	<b>\$2560.25</b>		<input type="checkbox"/>
---	------------------	--	--------------------------

Module Four: The Lower Extremity	Tuition	CEUs/PDAs	Select
Anatomy/Palpation/Cadaver Lab..... <i>Saturday, March 10, 2018 – Sunday, March 11, 2018. 9AM – 5PM</i>	\$700.00	14	<input type="checkbox"/>
Fascial Release for the Myofascial Meridians ..... <i>Monday, March 12, 2018. 9AM – 5PM   Tuesday, March 13, 2018. 8AM – 4PM</i>	\$500.00	14	<input type="checkbox"/>
Assessment & Treatment of Lower Extremity Injuries..... <i>Thursday April 26 – Saturday, April 28, 2018 9AM – 5PM   Sunday, April 29, 2018. 8AM – 4PM</i>	\$995.00	28	<input type="checkbox"/>
<b>Total for Module IV .....</b>	<b>\$2195.00</b>	<b>56</b>	

<b>Total Tuition of Module Four if paid in full (5% Discount).....</b>	<b>\$2085.25</b>		<input type="checkbox"/>
--	------------------	--	--------------------------

	Tuition Totals	CEUs/PDAs	Select
Final Examination Fee * .....	\$150.00		

*\* This fee is not included in the total cost of the program and is to be collected at the time of examination.  
Final Exams will be held Thursday, April 29, 2018 starting at 4:30 PM -OR- student may schedule a future exam date.*

<b>Total Tuition for Whole Program if Paid up Front (10% Discount).....</b>	<b>\$8356.50</b>	<b>238</b>	<input type="checkbox"/>
---	------------------	------------	--------------------------

<b>Total Tuition for Whole Program with Payment Plan.....</b>	<b>\$9285.00</b>	<b>238</b>	<input type="checkbox"/>
---	------------------	------------	--------------------------

*Payment Plan: 20% down (\$1857.00) Due May 1<sup>st</sup> Followed by 11 monthly payments of \$675.27 per month for 11 months*

*\* Refer to Payment Plan Terms and Conditions.*



# SPORTS MEDICINE ACUPUNCTURE® CERTIFICATION PROGRAM

Phone: 619 997 8555 / Fax: 1 844 965 9479 / PO BOX 7699 San Diego, CA. 92167

www.SportsMedicineAcupuncture.com / registration@sportsmedicineacupuncture.com

## PAYMENT INFORMATION

### Payment Plan Terms and Conditions

This is a non-discounted Payment Plan that is offered to participants who enroll in the entire Sports Medicine Acupuncture® (SMA) Certification program. This agreement allows AcuSport Seminar Series to charge the participant's credit card a 20% non-refundable down payment of 1857.00 on May 1<sup>st</sup>. A monthly payment installation of \$675.27 will be charged on the first of the month for the remaining months of the program: June 1<sup>st</sup> 2017-April 1<sup>st</sup>, 2018. There is no pre-payment penalty. Refunds and cancellations policies apply. Participants who wish to withdraw from the Payment Plan must do so in writing.

Yes, enroll me into the SMA Certification Program using the Payment Plan. I agree to the Payment Plan Terms and Conditions and I have read the cancellation and refund policy.

### Payment Information (please include program selection sheets – pages 1 & 2)

Enclosed Check - Please make check payable to Acusport Seminar Series

Credit Card  Cash  plus \$30 fee for insurance. Total Amount of Payment \$ \_\_\_\_\_

C.SMA (All licensed SMA grads may deduct 20% off individual courses)

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Visa/MasterCard Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

### CANCELLATION / REFUND / ENROLLMENT POLICIES

#### SEMINAR & CERTIFICATION COURSE CANCELLATIONS

All cancellations must be received in writing. Contact [acusportedu@gmail.com](mailto:acusportedu@gmail.com). If notice of cancellation is received greater than 21 days prior to course start date a \$50 cancellation fee and a 8% processing fee of the total amount will apply. Additional fee adjustment of 5% for payment by module as well as 10% fee adjustment for payment of full program will also be applicable Cancellations made within 21 days prior to course start date are not eligible for a refund. Participants will not be eligible for a refund for any courses cancelled less than 21 days prior to course date.

#### PARTIAL COMPLETIONS

Participants will not receive credit for any missed sessions and will not receive certificates of completion for partially completed courses.

#### ACUSPORT CANCELLATION TERMS

AcuSport Seminar Series reserves the right to cancel an event due to low enrollment or other circumstances which would make the event non-viable. If AcuSport Seminar Series is forced to cancel an event, a full refund will be granted to those already registered.

#### TERMINATION OF ENROLLMENT

AcuSport Seminar Series reserves the right, at any point throughout the program to terminate enrollment of any participant if: 1.The instructor(s) determines the registrant incapable of properly performing techniques taught in a safe manner. 2. The participant is unable to exhibit sufficient accuracy with point location when needling. 3. Any participant's involvement is a hindrance to the overall class experience Under such circumstances the registrant would be eligible to receive a full refund for any pre paid future courses following termination of registration.

I have read and agree to the cancellation, refund and enrollment policies.

## PROGRAM ENROLLMENT REQUIREMENTS



# SPORTS MEDICINE ACUPUNCTURE® CERTIFICATION PROGRAM

Phone: 619 997 8555 / Fax: 1 844 965 9479 / PO BOX 7699 San Diego, CA. 92167

www.SportsMedicineAcupuncture.com / registration@sportsmedicineacupuncture.com

Participants may take individual weekend courses and earn CAE's but must complete all four modules within two years from start date to become certified in Sports Medicine Acupuncture®.

Participants must be a licensed or registered acupuncturist and provide proof of having graduated from an ACAOM-accredited or equivalent **Traditional Chinese Medicine Acupuncture School**. Participants must either carry malpractice insurance or name **AcuSport Seminar Series as "additionally insured"** to their policy or be added directly to AcuSport's malpractice insurance policy for a fee of \$30. Refer to the "AcuSport Licensing and Malpractice Requirements" below for guidance.

## SPORTS MEDICINE ACUPUNCTURE CERTIFICATION PROGRAM

*AcuSport Seminar Series Inc admits qualified students of any race, gender, sexual orientation, national or ethnic origin in to our programs. AcuSport does not discriminate on the basis of race, gender, sexual orientation, or national or ethnic origin in administration of its educational policies, admission policies or programs.*

## Licensing and Malpractice Insurance Requirements

---

Please read through the options below and verify your licensure and malpractice insurance status to determine the appropriate information you will need to submit with this application.

### 1. LICENSURE STATUS

YES, I AM CURRENTLY A LICENSED ACUPUNCTURIST IN THE STATE OF CALIFORNIA

NO, I AM NOT CURRENTLY A LICENSED ACUPUNCTURIST IN THE STATE OF CALIFORNIA

### 2. MALPRACTICE INSURANCE STATUS

YES, I CURRENTLY HOLD MALPRACTICE INSURANCE IN THE STATE OF CALIFORNIA

If you meet this requirement, you must **submit an endorsement from your insurance company With AcuSport added as additionally insured**. If you do not wish to add AcuSport to your policy, you will need to be **added directly to Acusport's malpractice insurance policy for a fee of \$30 (please add to the total on page 3) to AcuSport Seminar Series**. This coverage will span the length of the SMA Certification Program (One Year).

NO, I CURRENTLY DO NOT HOLD MALPRACTICE INSURANCE IN THE STATE OF CALIFORNIA

You will need to be **added directly to AcuSport's malpractice insurance policy for a fee of \$30 (please add to your total on page 3) to AcuSport Seminar Series**. This coverage will be good for one year and will only apply to courses provided by AcuSport.



# SPORTS MEDICINE ACUPUNCTURE® CERTIFICATION PROGRAM

Phone: 619 997 8555 / Fax: 1 844 965 9479 / PO BOX 7699 San Diego, CA. 92167

www.SportsMedicineAcupuncture.com / registration@sportsmedicineacupuncture.com

## Personal Information

Full Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

Acupuncture License No. \_\_\_\_\_

State of Issue \_\_\_\_\_ Country of Issue \_\_\_\_\_

Do you have Malpractice or Professional Liability Insurance?  YES  NO State of Coverage: \_\_\_\_\_

How did you hear about this program?

Friends  Website/Search Engine  Existing Customer  Acupuncture Today  PCOM

Other \_\_\_\_\_

## Verify You Have Met All Program Application Requirements

Please verify you have provided all the required materials to enroll in the SMA Certification Program.

- I have chosen and included my course selections
- I have included my method of payment
- I have attached a copy of my current acupuncture license or registration
- I have attached a copy of my diploma from the ACAOM-accredited or equivalent Traditional Chinese Medicine acupuncture school from which I graduated
- I have included either \$30 payable to Acusport Seminar Series to be added to their malpractice insurance policy or I have included my malpractice insurance declaration showing AcuSport as additionally insured.

*Send this application, a copy of your acupuncture license (or registration), a copy of your acupuncture school diploma and a copy of an endorsement from your insurance company indicating that AcuSport has been added as "additionally insured" using one of the options below:*

1. Fill out the form and submit entire application via email with scans of all required materials to: [acusportedu@gmail.com](mailto:acusportedu@gmail.com)
2. Send your application, payments made by check and all required materials to:  
AcuSport Seminar Series, P.O. Box 7699, San Diego, CA 92167  
(If submitting US Post, it is recommended that you contact us to inform us that your application is on the way).
3. Fax your application and all required materials to: 1 (844) 965-9479

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date