

REGISTRATION PACKET

Nutritional Therapy Practitioner
Training Program

May 2019



Nutritional
Therapy
Association

NTP REGISTRATION PACKET

Form Instructions

READ & COMPLETE ALL INFORMATION CAREFULLY

To enroll in the NTP Program, please read this registration packet carefully, complete all fields, and sign all required pages either with a certified digital signature or a physical signature. **We cannot accept a typed name in the signature fields.** A certified digital signature must contain a signature acknowledgement statement (or a digital mark) in the same area requiring the signature.

By checking this box, you are indicating that you understand and agree to these terms.

PDFS ONLY FOR REGISTRATION SUBMISSION

When emailing us the registration packet, please note that we only accept PDFs. Photos and links to the file in Dropbox, Google Drive, etc. are not accepted. You must either:

- Fill out the PDF digitally using Adobe Acrobat, MacOS Preview, etc. In order to complete this registration packet, you must first download this form.
- Print and scan the packet if you prefer to fill it out by hand. You can use a scanner or an app like [Genius Scan](#) (which is available on iOS and Android), but make sure to export and send as a PDF.

NTA STUDENT HANDBOOK CONTRACT

In order to register, you also must read the *NTA Student Handbook*, which can be found on our [website](#), and return the signed and dated *NTA Student Handbook Contract* contained in this registration packet.

REGISTER EARLY TO SECURE A SEAT

Please return your completed application to the NTA via email nta@nutritionalthrapy.com by **April 26, 2019, 5:00 pm Pacific Time (UTC-8)**. We recommend registering as early as possible since class sizes are limited and enrollment for each venue is on a first come first served basis. If a class fills, we will add you to a wait list and inform you if a seat opens.

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Student Information

REQUIRED INFORMATION (Items marked with an asterisk * are required)

*First / Given Name

*Last / Family Name

Degree, Credential, or Licensure (If Any)

Previous Nutrition Training (If Any)

*Address

*City

*State / Territory

*Zip / Postal Code

*Country

*Email

*Phone

Cell, home, or work?

Social Security Number

Website or Blog (If Any) & Main Topic (e.g. Nutrition or Fitness)

OPTIONAL INFORMATION

The following information is optional and confidential, but we are required to have these fields included by the Washington State Workforce Training & Education Coordinating Board.

Date of Birth

Gender

Ethnicity

Highest Grade Completed

WHO REFERRED YOU?

How did you hear about the NTA? Were you referred from a friend, podcast, or a website? Let us know and they will receive \$75 or \$150 (depending on their NTA membership status)! As an NTA Member, you can also receive \$150 (twice the non-member rate of \$75) for anyone you refer to one of the NTA's training programs!

Their First & Last Name (One person only)

Their Email or Website

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Course Dates, Venues & Tuition

NTP PROGRAM COURSE DATES

- **Registration Packet & Payment Due:** April 26, 2019
- **Course Starts:** May 6, 2019
- **Course Ends:** February 2020

VENUES

Classes are available in the following cities during the Feb. to Nov. 2019 cycle. We recommend registering as early as possible as class sizes are limited. Please check only **one** venue.

Chicago, IL

Denver, CO

Vancouver, WA

Philadelphia, PA

Sydney, AU

DETAILS

Some key information about the NTP course to keep in mind when registering:

- Most of the program is conducted online, but there are three mandatory in-person workshops in the city you choose. The workshops occur at the end of each three months of the course; please visit NutritionalTherapy.com for specific workshop dates and venues.
- Students will sit for written and practical exams for each of the three terms in the program.
- Each class is taught by a professional instruction team, which includes one or more experienced Lead Instructors, an Associate Instructor, and a number of volunteer Group Leaders.
- You will complete the course together with the same student cohort. We encourage you to form tight bonds with your fellow students and Group Leaders, schedule local study sessions together, and practice the functional skills as often as possible between workshops.

Please note: It is recommended that you look into your state law and the right to practice nutrition before considering opening a practice. You can look up the right to practice in your state at <http://www.holisticcouncil.com>.

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TUITION

Classes in the U.S. & Canada: \$5,400 USD **Classes in Australia:** \$5,900 USD

Tuition is in USD and any additional costs resulting from conversion/transaction fees are the responsibility of the student.

Your tuition fee includes access to:

- Three multi-day hands-on workshops at the end of each three-month term.¹
- Video and audio lectures and course materials via the NTA's online learning system.
- Q & A calls with Lead Instructors twice per month, weekly Instructor office hours, and student forums maintained by your class instruction team.

Tuition does *not* include:

- Required texts (official list will be provided prior to the start of class).
- Required workshop tools (including a stethoscope, blood pressure cuff, student supplement test kit, pH tape, and pen light). A massage table is not required but highly encouraged for practicing the Functional Clinical Assessment.
- Travel costs for the mandatory workshops (e.g. airfare, hotels, rental cars, parking, etc.) To keep costs low, we recommend carpooling and sharing accommodation (e.g. Airbnb) with classmates.

CAREER DEVELOPMENT COURSE

Add-On Course: Check this box if you intend to register for our Career Development Course

The Career Development Course is based on the *PEACE Process* by Miriam Zacharias, NTC, and is co-led by Miriam and the Founder of the Holistic Entrepreneur Association, Jessica Pantermuehl, NTP. The course is designed to give NTP/NTC graduates the resources to launch a successful career. This intensive 8-week program takes you beyond the basics presented in the NTP/NTC program and guides you through creating a comprehensive plan of action for your business, so you can start pursuing your passion as soon as you graduate. By selecting this box, you are confirming that you would like to receive more information regarding our special student pricing of \$599. **This does not register you for the Career Development Course.** To learn more and to register at the special student rate, please visit: <http://ntabusinesscourse.com/>

¹ Specific workshop dates vary depending on the venue, but are generally held at the end of each 3-months of the course. Please visit NutritionalTherapy.com up-to-date information about workshop dates and locations.

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PAYMENT OPTIONS

Please select a payment option for your tuition:

NTA Payment Plan

Non-NTA Financing

Payment in Full (See page 4)

NTA PAYMENT PLAN INFORMATION

All Students: Payment Plan through The Nutritional Therapy Association

Our tuition payment plan breaks your tuition balance into affordable monthly payments. A **\$400 non-refundable finance charge** must be received by the NTA before you will be registered and reserve a spot in class. To apply, download and complete the appropriate **Payment Plan Enrollment forms** from the NTA website page on [Scholarships & Financial Aid](#) and return to nta@nutritionaltherapy.com with your Class Registration Packet. If you choose this option, please do not put your payment information in this registration packet - it needs to be given via the payment plan enrollment form.

NON NTA FINANCING INFORMATION

All funds must be received by the NTA before you can be registered, and your place reserved in class. Your enrollment in the NTP program will be confirmed upon receipt of tuition paid in full by the applicant or financing institution.

All Students: Your Own Bank or Credit Union

You may pursue a personal loan through your own financial institution. This option may offer a lower interest rate than the Credit Union or Bank options below. Contact your financial institution for further information. **If you are unable to pay tuition in full, please hold onto your registration packet until funds are available.** Once you are prepared to pay your tuition in full, please include payment information on page 4 and submit your registration packet.

U.S. Residents: Harborstone Credit Union

The NTA partners with Harborstone Credit Union to offer loans for tuition and books. To apply, see the NTA website page on [Scholarships & Financial Aid](#). If you have questions about the loan after reading the instructions on our website, contact Johna LaRue, Harborstone's Community Resource Center Manager via phone at (253) 589-8393 or email johna.larue@harborstone.com. (Please put "NTA/Tulip Tuition Loan" in the subject line).

Australia Residents: Auswide Bank

NTA Australia/New Zealand partners with Auswide Bank to offer loans for tuition and books. Loans carry terms of up to 5 years, with competitive fixed or variable interest rates. To apply, complete a pre-approval request form at <http://bit.ly/auswideloan>. Use the promo code "NTA".

New Zealand Residents: Kiwi Bank

NTA Australia/New Zealand partners with Kiwi Bank to offer loans for tuition and books. Personal loans can be applied for through this link: <https://www.kiwibank.co.nz/personal-banking/personal-loans/>.

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PAYMENT IN FULL

By filling out your credit card information below you are agreeing to payment in full.

Credit or Debit Card Bank Transfer (Contact the NTA for details)

Card Number Name on Card

Expiration (MM/YYYY) CVV (3-digit code on back) Signature of Card Holder

Billing Address

City State Zip / Postal Code Country

*To expedite your registration, please refrain from paying by check. If this is your only option, provide check number below and contact the NTA for mailing details.

Check Number

Note that a \$15 NSF (Nonsufficient Funds) fee will be charged for bounced checks.

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Cancellation Policy

Cancellation of this agreement must be submitted in writing. Refunds are determined by the following schedule based on the Nutritional Therapy Practitioner Training Program 18-module course:

Withdrawal Date	% of Materials Covered	Refund Required
Jan. 8, 2019 – May 5, 2019	0%	100% of tuition, less cancellation charge of \$150
May 6, 2019- June 16, 2019	10%	90% of tuition, less cancellation charge of \$150
June 17, 2019 – July 7, 2019	25%	75% of tuition, less cancellation charge of \$150
July 8, 2019 – Aug. 4, 2019	50%	50% of tuition, less cancellation charge of \$150
Aug. 5, 2019, and After	50%+	No Refund

If I withdraw, I will be credited a refund based on the above program schedule less \$150.00 for reasonable administrative costs. I also understand that I will be issued a full refund if the class is cancelled by the NTA due to failure to meet minimum class size of students. I hereby understand that the NTA reserves the right to approve or deny all registrations and to cancel any class due to low enrollment.

I also understand I can elect to forfeit my refund to be eligible for reduced re-entry consideration.

The Nutritional Therapy Association is licensed under Chapter 28C.10 RCW. Inquiries or complaints may be made to the Workforce Training and Education Coordinating Board, 128 10th Ave SW, Olympia WA 98504-3105, (360) 753-5673. Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of the contract are binding. You are entitled to an exact copy of the agreement, school catalog, and any other papers you sign and are required to sign a statement acknowledging receipt of those. Please submit a request for documents in writing. If you have not started training, you may cancel this contract by providing written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked or hand delivered to the NTA no later than midnight of the 5th business day (excluding Sundays and holidays) following your signing this contract. In the event of dispute over timely notice, the burden to prove service rests on the applicant. It is an unfair business practice for the school to sell, discount or otherwise transfer this contract or promissory notes without the signed written consent of the student or his/her financial sponsors and a written statement notifying all parties that the cancellation and refund policy continues to apply.

By signing below, I acknowledge that I have read and fully understand the terms listed above. Registration will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins. The NTA will send written notification to confirm that registration is complete.

Student Printed Name

Student Signature

Date

NTA Staff Name

NTA Staff Signature

Date

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NTA Notice

Washington State law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as an addendum to that individual's enrollment agreement and a copy must be provided to the enrollee by the school.

Acknowledgement by Enrollee	Acknowledgement by Staff
<i>Completed by Applicant</i>	<i>Completed by NTA Employee</i>
<ol style="list-style-type: none">1. I understand and accept that any contract for training I enter into with the Nutritional Therapy Association contains legally binding obligations and responsibilities.2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the Nutritional Therapy Association and myself, provided that I have not entered classes sooner.	<ol style="list-style-type: none">1. Prior to being enrolled in the Nutritional Therapy Association, the applicant whose name and signature appears on this Notice has been made aware of the legal obligations he/she takes on by entering into a contract for training.2. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Student Printed Name

Student Signature

Date

NTA Staff Name

NTA Staff Signature

Date

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ACKNOWLEDGEMENT OF COMPLAINT PROCESS

Please read and review the Student Complaint Disclosure within the NTP Student Handbook before signing this acknowledgement.

By signing below, I acknowledge that:

1. I should keep all original documents for my personal records and send only copies with my Complaint Form.
2. I know I should first try to resolve a complaint with my instructor or a school administrator.
3. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint.
4. I understand that I have one year to file a complaint from my last date of attendance.
5. I further understand that in the event of a school closure, I have 60 days to file a complaint.
6. I understand that complaints are public records.
7. I acknowledge that complaint forms and details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found online at:
http://wtb.wa.gov/PCS_Complaints.asp
8. I have read and understand the Student Complaint Disclosure in the NTP Student Handbook.

Student Printed Name

Student Signature

Date

NTA Staff Name

NTA Staff Signature

Date

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Emergency Care Authorization

I, , hereby authorize any licensed medical emergency team to administer treatment and/or transportation to a medical facility for further treatment by a licensed physician if a medical emergency arises while I am attending workshops as a student of the Nutritional Therapy Association, Inc.®. This emergency authorization is effective during my hours as a student through the Nutritional Therapy Association, Inc.®, and for my length of stay as a student. All fees incurred for such emergency treatments or services will be my responsibility. The Nutritional Therapy Association, Inc.® is not responsible in any way for such fees.

Existing Medical Conditions (Drug Allergies, Seizures, etc.):

Emergency Contact Name

Phone Number

Insurance Company

Address

City

State

Zip / Postal Code

Country

Email

Phone

Policy Holder

Address

City

State

Zip / Postal Code

Country

Email

Cell Phone

Home Phone

Student Printed Name

Student Signature

Date

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NTA Student Handbook Contract

By marking the boxes and signing below, I acknowledge that I have read and fully understand all of the terms, policies, procedures, requirements, codes of conduct, and agreements outlined in the NTA Student Handbook and agree to adhere to it in its entirety as set forth by the Nutritional Therapy Association, Inc. Any breach of these agreements may result in dismissal from the program.

- Online/In-Person Course Model
- Informed Consent and Disclaimer (all pages)
- Photo Release Consent
- Student Contract (all pages)
- Workshop Transfer Policy
- Drop Policy
- Student Complaint Disclosure
- NTA Membership Benefits

Student Printed Name

Student Signature

Date

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