

BBSH[®]

BARBARA BRENNAN SCHOOL OF HEALING[®]

2011-12 Advanced Studies Application



DEDICATED

To the Evolution of the Human Spirit Through Education, Research, and World Service

2011-12 BBSH School Calendar

Advanced Studies Year 1 & 2 Resident Training

October 10–16, 2011
December 4–9, 2011
February 14–19, 2012
April 14–19, 2012
June 12–17, 2012

Years 1 & 2 Distance Learning Module Due Dates

DLM 1 & 2: September 9, 2011
DLM 3: September 23, 2011
DLM 4: November 18, 2011
DLM 5: January 27, 2012
DLM 6: March 23, 2012
DLM 7: May 18, 2012

Advanced Studies Year 3 Resident Training

October 9–16, 2011
December 3–9, 2011
February 13–19, 2012
April 13–19, 2012
June 11–17, 2012

School Holidays

Labor Day: September 5, 2011
Thanksgiving: November 24–25, 2011
Christmas: December 26, 2011
New Year's: January 2, 2012
Memorial Day: May 28, 2012
Independence Day: July 4, 2012

Advanced Studies Program Information & Costs

2011-12 Advanced Studies Program Information

Program Title:	Brennan Healing Science Advanced Studies		
Semester Credit Hours:	Year 1: 21 Credits	Year 2: 21 Credits	Year 3: 10 Credits
Resident Training:	Years 1 & 2: Oct. 10–16, 2011 Dec. 4–19, 2011 Feb. 14–19, 2012 April 14–19, 2012 June 12–17, 2012 (8AM-9PM Daily) Year 3: Oct. 9–16, 2011 Dec. 3–9, 2011 Feb. 13–19, 2012 April 13–19, 2012 June 11–17, 2012 (8AM-9PM Daily)		
Location:	Resident Training is held at the Hyatt Regency Miami, Miami, Florida <i>(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that students stay on campus at the hotel for Resident Training.)</i>		
Program Dates:	11 months	Start Date: July 15, 2011	End Date: June 17, 2012

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3
RESIDENT TRAINING AND DLM TUITION REGISTRATION FEE	\$8550.00 \$ 180.00	\$8550.00 NA	\$1000.00 NA
TEXTBOOKS	Approx. \$250.00	Approx. \$250.00	NA
LIABILITY INSURANCE	\$69.00 - 229.00	\$69.00 - 229.00	\$69.00 - 229.00
SUPERVISION	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)

2011-12 CANCELLATION AND REFUND POLICY

Refund guidelines for student withdrawal or dismissal:

1. A student must withdraw from the program in person or send the Registrar a withdrawal letter via United States Postal Service certified mail (or equivalent, if international) or via a courier service using a tracking number.
2. All monies (Tuition, Workbook Fee, Registration Fee) will be refunded if the School does not accept applicant or if applicant withdraws application within three (3) business days after the application and payment are accepted by the School. After 3 business days, \$50.00 of all monies paid is nonrefundable. Thus, tuition refunds are calculated after subtracting \$50.00 from all monies paid.
3. Tuition refunds from Integrative Distance Learning Modules (DLMs) and Resident Training are calculated separately and based on percentage of completion. DLM completion is based on DLMs received and evaluated. For both Years 1 & 2, 82% of tuition (\$8550.00) is for Resident Training and 18% of tuition is for Distance Learning Modules. For Year 3, 100% of tuition (\$1000.00) is for Resident Training.
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a pro rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing 40% of the program will result in no refund.
6. The termination date for refund computation purposes is the last date of actual attendance of Resident Training. The start date for refund computation purposes is the **Program Start Date** listed above. Resident Training percentage of completion includes all days scheduled prior to termination date, **whether or not the student has attended.**
7. Refunds will be made within 30 days of termination or receipt of cancellation notice.
8. A student can be dismissed at the discretion of the School Official for insufficient progress, nonpayment of costs, or failure to comply with School standards and policies.

DISCLAIMER: The Barbara Brennan School of Healing reserves the right to change programs, start dates, tuition, fees, and/or to cancel programs. Any changes will be made in accordance with the Commission for Independent Education rules and regulations. Any changes will be detailed in the Catalog Addendum and students will be informed in writing.

BBSH 2011-12 Advanced Studies Student Application

To finalize your enrollment, please read, refer to and fill out completely the following forms pertaining to your chosen program of study.

Please *type* or *print* using blue or black ink. Read all information carefully, and make copies as needed for your records.

When all forms are fully completed, your mailing will include:

- *Confidential Student Profile, with your signature and date.*
- *The School copy of the Authorization/Release Waiver (with your signature and date).*
- *The School copy of the Informed Consent and Release Form (with your signature and date).*
- *The Informed Consent and Release Form for Student Participation in Advanced Studies Supervision (with your signature and date).*
- *Enrollment Agreement with your signature and date.*

Mail all documents with proper postage to the address shown below.

For your convenience, you may fax your documentation to the School Registrar's Office as well. In this case, however, the School will still need your original, signed documents mailed to the address below, as your original signature is required on all student records.

We are delighted that you have decided to continue your studies, and we look forward to seeing you again at class!

Mail all forms to:

The Barbara Brennan School of Healing
500 N.E. Spanish River Boulevard, Suite 208
Boca Raton, FL 33431-4559 • USA

Telephone: 1 800-924-2564 (U.S. only) • 1 561-620-8767 • Fax: 1 561-620-9028

2011-12 Confidential Student Profile **PAGE 1 OF 2**



BARBARA BRENNAN SCHOOL OF HEALING[®] 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA
800.924.2564 • 1.561.620.8767 • Fax: 1.561.620.9028 • e-mail: bbsh.office@barbarabrennan.com

PLEASE PAPERCLIP
FOUR (4)
RECENT COLOR
PASSPORT PHOTOS.

Please answer all questions and **PRINT** clearly with blue or black ink. Mark **NA** if not applicable.

I AM REGISTERING FOR: Advanced Studies Year 1 Advanced Studies Year 2 Advanced Studies Year 3

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Name You Would Like on Your Nametag (if different than name listed) _____

Address _____

Social Security #/International Identification # _____ / _____ / _____

Age _____ Date of Birth (Month/Date/Year) _____

Male Female Single Married

Other _____

City _____ State _____ Zip/Postal Code _____

Country _____

The Commission for Independent Education requires the following demographic information. BBSH does not discriminate on the basis of race, creed, color, national origin, marital status, sex or sexual orientation. Check only one category:

() ()

Home Phone* _____ Work Phone* _____

Fax* _____ E-mail _____

(*International, list country and city codes, hyphenating between: Country Code-City Code-Number)

Add my name to the list of students needing roommates, and send me the list.

White (Non-Hispanic)

American Indian/
Alaskan Native

Black (Non-Hispanic)

Hispanic (All Races)

Other (Please indicate)

Florida Resident Non-Florida Resident Non-Resident Alien International

Asian/Pacific Islander _____

LANGUAGE INFORMATION (NOTE: ALL CLASSES ARE TAUGHT IN ENGLISH)

Can you speak English? Yes No If no, what is your primary language? _____

List other language(s) in which you are fluent: _____

Occupation: _____ For how long? _____

Are you a healthcare professional? Yes No List all healthcare/helping professions experience: _____

List credentials for psychological training (MSW, Ph.D in Psychology, CIL, Pathwork Helper[®], Core Energetics, etc.):

HEALTH INFORMATION

List medications currently being taken, and the conditions prescribed for:

List medications taken within the past 2 years, when you took them, and the conditions they were prescribed for:

List present physical problems:

Have you ever been hospitalized for psychological difficulties?

Yes No If yes, for what and when? List date(s): _____

Have you ever been treated for psychological difficulties or has hospitalization been recommended?

Yes No If yes, for what and when? List date(s): _____

SIGNATURE: _____
Student Signature (Student must be 18 years of age older)

Student Name (Please print)

Date



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Attach to this application a copy of your professional liability insurance policy. (If you do not have liability insurance at this time, please obtain it and send verification to the Registrar.)

Year 1 Advanced Studies Students Only

Attach to this application a separate sheet of paper containing your responses to the following questions:

1. What is/are your current occupation(s) and vocation(s)?
2. Do you currently have a BHS practice, or any other energy, psychodynamic, or therapeutic practice? Please describe, and list the approximate number of clients you work with per week, on average.
3. Please list any academic degrees and credentials, professional licenses, or certifications.
4. Have you completed (or are you now taking) any relevant professional training program? Please describe and list dates and length of training.
5. List your Year 4 Small Class Teachers and Case Leader(s).
6. Have you been utilizing process or therapy sessions and/or supervision sessions since your graduation? How often?
7. What are your “development edges” in your personal development at the present moment?
8. What is your intention for applying to the Advanced Studies Program at this time? What are your specific expectations and desires for your ongoing professional development?
9. Is there anything else you would like us to know about you, and your current life circumstances over the past three to six months?

IN CASE OF EMERGENCY, CONTACT:

First Name	MI	Last Name	Relationship to You
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Address

City/State	Postal Code	Country
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Home Phone*

Work Phone*

*International: List country/city codes using hyphens (Country Code - City Code - Number)



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(FOR PROGRAM PARTICIPANTS, STUDENTS AND SCHOOL EMPLOYEES)

School Copy:
**Please sign and date both sides of this page,
and return to the School.**

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

- I. The individual undersigned acknowledges that Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing (BBSH), (hereinafter collectively, unless noted differently, referred to as “the School”) has made or is going to make videotape and audiotape recordings of its various programs including classes, workshops or other programs in which the individual undersigned is now, has been or hereafter may be involved or may participate in, and BBI intends to copyright the material presented and to use some or all of that material in connection with future classes, workshops, book publications and commercial tapes, and in connection with other ventures which may or may not be commercial.

The individual undersigned authorizes the School and/or its designees and/or its assignees to record, by audio, video, photographic or other means, the classes, workshops and other programs and the individual undersigned’s participation in them, to copyright such recordings, and to use, re-use, publish and re-publish and re-record them, in whole or in part, with or without other material, in any medium for any purpose. This authorization expressly includes the right to record, reproduce or otherwise use the individual undersigned’s face, name, likeness and voice.

The individual undersigned hereby releases and discharges the School and its designees or assignees from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the individual undersigned may have against the School arising out of the use and publication of said material in any manner, whether for commercial exploitation or otherwise.

This Authorization/Release/Waiver shall be for the School’s benefit and that of its designees and any legal representatives, assignees and/or licensees of the School or such designee.

- II. Any recording of any activities at or in connection with the School that the individual undersigned obtains (whether by purchase or otherwise) will be for personal use only, and will not be used in any audio, video, or other reproduction or personal use, except upon securing BBI’s prior written consent. The individual undersigned will not reproduce it and will not lend, sell or otherwise dispose of it to anyone, or make a transcript of any such recording except for personal use only. If the individual undersigned makes a transcript, it will not be sold, lent or reproduced, or otherwise disposed of.
- III. This agreement benefits and binds both parties. As to the individual undersigned, it will apply to all classes, workshops and other programs in which the individual undersigned participates during any and all years in which he/she attends the School, at all locations in which any of the School’s activities are carried out or held.

I understand that I am signing this Authorization/Release/Waiver to cover my participation in all the School programs.

SIGNATURE: _____
Individual Undersigned Signature Individual Undersigned Name (Please print) Date



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School Copy:

Please sign and date both sides of this page, and return to the School.

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

I have registered for a Brennan Healing Science Program, which includes classes and other related activities (hereinafter collectively called “the Program”) offered by Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing (BBSH), (hereinafter collectively, unless noted differently, referred to as “the School”).

I have been informed that the general nature of the Program and the techniques used therein are designed to provide training in the art of Brennan Healing Science and will present situations that may be physically or emotionally stressful at various stages of the Program. The School has informed me that the Program is designed for healthy and emotionally stable people and that a person who, as a result of a physical, mental, or emotional disorder, is unable or unwilling to explore emotionally stressful situations or unable to deal with other aspects of the Program should not enroll in the Program, or remain as a participant in the Program. I understand that if the School determines that I need even more personal support it can require, at any time throughout the Program, that I participate in weekly bodywork or psychotherapy sessions with a practitioner approved by the School or see a physician or other healthcare professional of my choice in order to remain a student in the Program. If at any time I feel that I am unwilling or unable to engage in any exercise or aspect of the Program, or if I experience any unwanted symptoms or unusual discomfort or stress, I agree to inform the person leading the Program at once.

I represent to you that I am not now nor have I been hospitalized for a mental disorder within the past five years. I am not currently taking psychotropic medications (which include anti-anxiety agents, anti-manic agents, anti-depressants, psychostimulants, anti-panic medication, and anti-psychotics), seizure disorder medications, or prescription sedatives and have not taken psychotropic medications, seizure disorder medications, or prescription sedatives within the following proscribed periods and no such treatment has been recommended. In the case of psychotropics classified as anti-psychotic, the proscribed period shall be two years. In the case of other psychotropics, seizure disorder medications, or prescription sedatives, the proscribed period shall be six months. I understand that this prohibition shall apply to the time period commencing with this application through my participation in the Program. I further represent that I am physically and mentally healthy, that I have no knowledge or reason to believe I am emotionally unstable, and that I will consult my own physician or other healthcare professional if there is any question in my mind about my physical or emotional ability to participate in the Program.

I acknowledge that the Program will involve students practicing on each other and that therefore there will be occasions when one or more other students will be practicing on me. I consent to this and I agree that the School will not be liable or responsible in any way for any aspect or outcome of this student practice.

I acknowledge the importance of the confidentiality of the identity and conversation of other participants in the Program and agree not to divulge or discuss what goes on in the Program outside of the classroom. I further agree not to use any mailing list of students in the Program without the consent of the students.

I understand that it is the School’s position that I am not prepared or permitted to provide Brennan Healing Science services until I have graduated from the 4-year Professional Studies Program or the Bachelor of Science Degree Program. I understand that the School, or any of its instructors or employees, cannot be used as a reference or credential in any form, including on a resume or curriculum vitae or as a reference or representation to any third party, nor may I represent or hold myself out to any third party that I have trained as a healer, unless and until I have graduated from the 4-year Professional Studies Program or the Bachelor of Science Degree Program.

I understand and agree that it is my responsibility to follow all applicable laws, codes, ordinances and regulations in relation to my practice of, including my observation of, and whether or not for financial gain, the information taught by the School. I understand and agree that all written or other materials which may be presented during the Program are the property of BBI. I understand and agree that videotaping, audiotaping, and photographing of all or any portion of the Program is strictly prohibited. I agree not to reproduce, copy, or otherwise duplicate, publish, or disseminate in any way any such materials without the express written permission of BBI, and I further agree not to use the name of, or hold myself out to be an agent, employee, or representative of the School without the express written permission of the School. Under no circumstances will I teach any of the Barbara Brennan materials or conduct any workshops or seminars using Barbara Brennan materials. I am aware that I may not, for any reason, use Barbara Brennan’s name for purposes of advertising for any of my personal workshops. I understand and agree that during and after attending the School and even after I have graduated from the Program, I cannot conduct any practice of any kind unless the laws and regulations of my state and country allow me to do so; my attendance at the Program by itself confers no such right or entitlement to do so.

If for any reason Resident Training classes have to be rescheduled due to circumstances beyond the School’s control, such as inclement weather, personal tragedy, or illness, classes will be rescheduled at the sole discretion of the School. Any such rescheduling shall not in any way affect the student’s financial obligation.

I understand that you are relying on this agreement in accepting me into the School, and I agree that if I violate any one or more of these conditions at any time, and as a result thereof any claim is made or action is taken against the School and/or any of its principals, officers, directors, instructors, or employees, I will indemnify and hold harmless the School and/or any of its principals, officers, directors, instructors, or employees from any costs and expenses incurred (including attorneys’ fees).

I hereby assume for myself, heirs, executors, administrators, and assigns, all risk of physical and emotional injury which may occur during or after the Program. I agree to release and hold the School, its employees, and agents harmless from any liability, loss, cost, or damage arising out of my participation in the Program.

I understand and accept the foregoing rules and regulations as a condition to my acceptance into the School and as a continuing condition to my remaining in good standing as a student in the School. I understand that any alteration of this Informed Consent and Release automatically cancels my admission into the Program. I have not altered the terms of this Informed Consent and Release. I understand that I am signing this Informed Consent and Release to cover my participation for the entire duration of the Program and thereafter. I have read, understood and am accepting the program requirements and “School Standards and Policies” section of the 2011-12 BBSH Advanced Studies Catalog. I am 18 years of age or older. I have read and consent to all conditions on this Informed Consent and Release.

SIGNATURE: _____

Individual Undersigned Signature

Individual Undersigned Name (please print)

Date



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Individual Undersigned Name (Please print)

Date

2011-12 Informed Consent and Release PAGE 1 OF 1



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I understand that you are relying on this agreement in accepting me into the School, and I agree that if I violate any one or more of these conditions at any time, and as a result thereof any claim is made or action is taken against the School and/or any of its principals, officers, directors, instructors, or employees, I will indemnify and hold harmless the School and/or any of its principals, officers, directors, instructors, or employees from any costs and expenses incurred (including attorneys' fees).

I hereby assume for myself, heirs, executors, administrators, and assigns, all risk of physical and emotional injury which may occur during or after the Program. I agree to release and hold the School, its employees, and agents harmless from any liability, loss, cost, or damage arising out of my participation in the Program.

I understand and accept the foregoing rules and regulations as a condition to my acceptance into the School and as a continuing condition to my remaining in good standing as a student in the School. I understand that any alteration of this Informed Consent and Release automatically cancels my admission into the Program. I have not altered the terms of this Informed Consent and Release. I understand that I am signing this Informed Consent and Release to cover my participation for the entire duration of the Program and thereafter. I have read, understood and am accepting the program requirements and "School Standards and Policies" section of the 2011-12 BBSH Advanced Studies Catalog. I am 18 years of age or older. I have read and consent to all conditions on this Informed Consent and Release.

SIGNATURE:

Individual Undersigned Signature

Individual Undersigned Name (please print)

Date

2011-12 Student Participation in Advanced Studies Supervision Informed Consent and Release, Indemnification and Hold Harmless Undertaking



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All Students:

Please write your name in the space in the first paragraph, sign and date at the bottom of the page, and return to the School. A copy will be sent to you upon acceptance.

This Informed Consent and Release, Indemnification and Hold Harmless Agreement ("Agreement") is made by and between the Barbara Brennan School of Healing ("BBSH") and _____, the student ("Student"), who is currently enrolled, or has satisfied the standards for acceptance into BBSH. As used herein, "BBSH" includes its respective past, present, and future affiliates, associations, subsidiaries, and related entities, in any manner or form whatsoever, and its respective agents, representatives, directors, officers, attorneys, assigns, successors and predecessors in interest. "Student" shall include his/her executors, heirs, administrators, assigns, attorneys, and other representatives.

A. In light of the Student's desire to work with an approved Advanced Studies Supervisor ("AS Supervisor") to fulfill his/her personal process requirements as a student at BBSH, BBSH is willing to prove the consideration specified herein in exchange for the Student and BBSH intending to be legally bound by this Agreement. Accordingly, BBSH and the Student agree as follows:

1. BBSH will endeavor to provide the AS Supervisor with the appropriate training and support to assist the Student in conducting, in accordance with the BBSH Program and Program material, the AS Supervision sessions.
2. The Student expressly stipulates that the consideration referred to in paragraph 1 constitutes adequate and ample consideration for the rights and claims he/she is waiving under this Agreement, and for the obligations imposed upon him/her by virtue of this Agreement. The Student expressly agrees and acknowledges that BBSH has promised to provide the consideration referred to in paragraph 1 of this Agreement in exchange for the releases, waivers and promises made by the Student in this Agreement.
3. In consideration of the terms hereof, the Student hereby releases, remises, acquits, and forever discharges BBSH from any and all claims, demands, and liabilities whatsoever of any and every kind and nature, whether known or unknown, arising out of, relating to, or with respect to, the Student's participation or enrollment at BBSH, including participation in any manner in a BBSH program, including participation with an AS Supervisor from a personal process session.

This release shall include, but is not limited to, any claims for physical, personal, mental or emotional injury, or any injury or harm that may occur to the Student, including claims for compensatory damages, punitive damages, attorneys' fees, equitable relief, or any other form of relief either in law or in equity, other than for breach of this Agreement.

This release shall further include, without limitation, any and all claims under Florida law, or under any other state, federal, or local law, statute, public policy, order, ordinance, or regulation, and all common law claims, including but not limited to, breach of contract, intentional or negligent infliction of emotional distress, misrepresentation, interference with prospective or contractual relationships, defamation, slander, negligence, battery, or breach of the covenant of good faith and fair dealing.

4. The Student agrees to hold BBSH, Barbara Brennan, Inc., Barbara Brennan International, Inc., and Barbara Brennan, and its employees, agents, successors, assigns and heirs harmless from any liability, loss, relief of any kind, fees, costs or damages arising out of or relating to the Student's participation with an AS Supervisor from a personal process session.
5. Any claim or controversy arising out of, or relating to, this Agreement will be submitted to a court of competent jurisdiction in the State of Florida.
6. If any of the provisions of this Agreement shall be held invalid, the remainder of this Agreement shall not be affected thereby and will continue in full force and effect.
7. Both parties attest that no other representations were made regarding this Agreement other than those contained herein. The parties represent and agree that they are not relying on any representations, promises, statements or agreements not contained in this Agreement. All parties represent and agree that this is an all-inclusive Agreement and that no other written, oral and/or implied representations, promises or agreements exist between them regarding the subject matter set forth in this Agreement.
8. This Agreement may not be modified, changed, or altered, except in writing signed by the Student and by Barbara Brennan.
9. The Student acknowledges that he/she had the opportunity to receive advice about the terms and legal effect of this Agreement from representatives or attorneys of the Student's choice.
10. The Student agrees that he/she has entered into this Agreement knowingly and voluntarily, and acknowledges that he/she has read and understands the language of this Agreement.

EACH PARTY HAS HAD A FULL AND COMPLETE OPPORTUNITY TO REVIEW THIS AGREEMENT. EACH PARTY HAS CAREFULLY REVIEWED THIS AGREEMENT, UNDERSTANDS ALL OF ITS PROVISIONS AND FREELY AND VOLUNTARILY ENTERS INTO THIS AGREEMENT.

By: _____ By: _____
Student Signature Authorized Representative for BBSH

Date: _____ Date: _____

2011-12 Advanced Studies Enrollment Agreement



BARBARA BRENNAN SCHOOL OF HEALING® 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA
 800.924.2564 • 1.561.620.8767 • Fax: 1.561.620.9028 • e-mail: bbsh.office@barbarabrennan.com

STUDENT INFORMATION

First Name	MI	Last Name	Home Phone*	<i>*If international include country and city codes</i>
Address			Work Phone*	
			Cell Phone*	
City	State	Zip/Postal Code	Fax*	
Country			E-mail	

PAYMENT/ENROLLMENT DUE DATE

Please check the Year for which you are registering: Year 1 Year 2 Year 3

*Payments received after due date are subject to a \$200.00 Late Fee. Returned checks will incur a Handling fee of \$15.

Payment/enrollment due date: September 1, 2011*

2011-12 ADVANCED STUDIES PROGRAM INFORMATION (YEARS 1, 2 & 3)

PROGRAM TITLE: Brennan Healing Science Advanced Studies
SEMESTER CREDIT HOURS: Year 1: 21 Credits Year 2: 21 Credits Year 3: 10 Credits
RESIDENT TRAINING: Years 1 & 2: Oct. 10–16, 2011 Dec. 4–9, 2011 Feb. 14–19, 2012 April 14–19, 2012 June 12–17, 2012 (8AM-9PM Daily)
 Year 3: Oct. 9–16, 2011 Dec. 3–9, 2011 Feb. 13–19, 2012 April 13–19, 2012 June 11–17, 2012 (8AM-9PM Daily)
LOCATION: Resident Training is held at the Hyatt Regency Miami, Miami, Florida
(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that students stay on campus at the hotel for Resident Training.)
PROGRAM DATES: 11 months Start Date: July 15, 2011 End Date: June 17, 2012

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3
RESIDENT TRAINING AND DLM TUITION	\$8550.00	\$8550.00	\$1000.00
REGISTRATION FEE	\$ 180.00	NA	NA
TEXTBOOKS	Approx. \$250.00	Approx. \$250.00	NA
LIABILITY INSURANCE	\$69.00 - 229.00	\$69.00 - 229.00	\$69.00 - 229.00
SUPERVISION	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)

2011-12 CANCELLATION AND REFUND POLICY

Refund guidelines for student withdrawal or dismissal:

1. A student must withdraw from the program in person or send the Registrar a withdrawal letter via United States Postal Service certified mail (or equivalent if international) or via a courier service using a tracking number.
2. All monies (Tuition, Workbook Fee, Registration Fee) will be refunded if the School does not accept applicant or if applicant withdraws application within three (3) business days after the application and payment are accepted by the School. After 3 business days, \$50.00 of all monies paid is nonrefundable. Thus, tuition refunds are calculated after subtracting \$50.00 from all monies paid.
3. Tuition refunds from Integrative Distance Learning Modules (DLMs) and Resident Training are calculated separately and based on percentage of completion. DLM completion is based on DLMs received and evaluated. For both Years 1 & 2, 82% of tuition (\$8550.00) is for Resident Training and 18% of tuition is for Distance Learning Modules. For Year 3, 100% of tuition (\$1000.00) is for Resident Training.
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a pro rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing 40% of the program will result in no refund.
6. The termination date for refund computation purposes is the last date of actual attendance of Resident Training. The start date for refund computation purposes is the **Program Start Date** listed above. Resident Training percentage of completion includes all days scheduled prior to termination date, **whether or not the student has attended**.
7. Refunds will be made within 30 days of termination or receipt of cancellation notice.
8. A student can be dismissed at the discretion of the School Official for insufficient progress, nonpayment of costs, or failure to comply with School standards and policies.

DISCLAIMER: The Barbara Brennan School of Healing reserves the right to change programs, start dates, tuition, fees, and/or to cancel programs. Any changes will be made in accordance with the Commission for Independent Education rules and regulations. Any changes will be detailed in the Catalog Addendum and students will be informed in writing.

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PAYMENT METHOD

VISA MasterCard Wire Transfer*

□□□□-□□□□-□□□□-□□□□

Credit Card Number

□□-□□

Exp. date (Month/Year)

□□□

Last 3 digits on back of card

Name (PRINT exactly as it appears on card) _____ Signature _____

PAYMENT OPTIONS • YEARS 1 & 2 Only PLEASE CHECK ONE OF THE FOLLOWING PAYMENT OPTIONS

PAYMENT IN FULL

\$8550.00	8550.00 Total Tuition
	+ 180.00 Registration Fee (Year 1 Applicants only)
	+ 200.00 Late Fee (After September 1, 2011)
	Total Amount Enclosed

PARTIAL PAYMENT

Automatically charge my credit card for the balance of my tuition on October 1, 2011. (Complete credit card information above.)

\$4000.00	4000.00 Tuition Deposit
	+ 180.00 Registration Fee (Year 1 Applicants only)
	+ 200.00 Late Fee (After September 1, 2011)
	Total Amount Enclosed
\$4550.00	Tuition Balance Due October 1, 2011

PAYMENT PLAN (Includes Finance Charge)

\$1830.00	1830.00 Tuition Deposit
	+ 180.00 Registration Fee (Year 1 Applicants only)
	+ 200.00 Late Fee (After September 1, 2011)
	Total Amount Enclosed
	Tuition Balance Due • See payment schedule to the right

Annual % Rate	Finance Charge	Amount Financed	Total of Payment	Total Sales Price
2%	\$150.00	\$6720.00	\$6870.00	\$8700.00

(The dollar amount of the credit provided to you on your behalf.) (The amount you will have paid after you have made all payments as scheduled.) (The total cost of your purchase on credit, including your down payment.)

Your payment schedule will be:

Number of Payments	Each Payment Amount
8	\$858.75

Automatically charge my credit card for the balance of my tuition payments on the first day of each month as specified in this payment plan. (Complete credit card information above.)

First payment is due October 1, 2011. Additional payments are due on the first day of each month thereafter, for a total of 8 months. There is a \$20.00 late charge for payments received after 10 days of due date.

PAYMENT OPTION • YEAR 3 Only

PAYMENT IN FULL

\$1000.00	1000.00 Total Tuition
	+ 200.00 Late Fee (After September 1, 2011)
	Total Amount Enclosed

*For information on wire transfer of funds, please contact the BBSH Finance Department.

Students must keep their tuition payments current at all times. Students who are not current with their tuition payments are not permitted to enter Resident Training classrooms and are not permitted to continue with the Distance Learning Modules. All prices for programs are printed herein. There are no additional carrying charges, interest charges, or service charges connected or third party charges at any time. For all payments made by wire transfer of funds, any fees deducted by the sending and receiving of funds due the school will be billed to the student's account. Cost of credit is included in the price costs for the goods and services. Costs for transportation, lodging, and meals during Resident Training; textbooks; and supervision are not included in the tuition amount.

A Diploma is issued to each student who successfully completes the Program. This Agreement constitutes a binding contract upon acceptance by the School. This Agreement may be executed in counterparts and/or by facsimile, any such counterpart or facsimile shall for all purposes, be deemed an original but all such counterparts or facsimiles together shall constitute but one and the same instrument for wire transfer.

Note: Tuition deposit must be included in order to process your application.

SIGNATURE

Return this form to BBSH. A copy will be returned to you upon your acceptance to the program.

Print Your Name _____

I affirm that I have received and read a copy of this binding agreement and the 2011-12 Advanced Studies Catalog.

(X) _____
Student Signature

_____ Date

FOR OFFICE USE ONLY. ACCEPTED BY:

School Official

Title

Date

BBSH[®]

THE BARBARA BRENNAN SCHOOL OF HEALING[®]



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