

# Continuing Education - Application for Admission

Edison Institute of Nutrition

1918 Boul Saint-Régis  
Dorval, QC  
Canada  
H9P 1H6

Phone: 1-800-456-9313  
Phone 514-400-0969  
Fax: 1-888-466-5574  
E-mail: info@edisoninst.com

**Instructions:** Please complete the following application form and mail or fax it to the Edison Institute of Nutrition.

## Applicant Data

*Please type or print clearly and be sure to complete and sign the back of this application form.*

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Shipping Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Telephones (incl. area code): Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Yes, I would like to receive the Edison Institute monthly newsletter. Newsletters include the latest nutrition information, protocols, products, webinar group discussion and employment opportunities.

## Program of Study

*I wish to enrol in the following continuing education course(s):*

- BUS2 – The Business of Wellness Consulting       Other: \_\_\_\_\_  
 SYMP1 – Nutritional Symptomatology      *(Please see website for options)*  
 SYMP2 – Advanced Nutrition Practice (SYMP1 is a pre-requisite)  
 CHCP\* – Certified Holistic Cancer Practitioner  
 HPTK\* – The Holistic Practitioner Toolkit  
 IMT1\* – Introduction to Muscle Testing  
 ADHD – Advanced Diploma in Holistic Nutrition  
 LCM\* – Live Cell Microscopy

*Please note that "Other" subjects need to be discussed with a Director of Edison.*

\*This course is open to medical or natural health practitioners.

## Additional Information

*I graduated from the following nutrition school or other health related programs:*

---

---

---

---

---

## Payment Information

---

---

The Continuing Education registration fee is \$50.00

No registration fee is required for CHCP\*, IMTI\*, HPTK\* or LCM\*.

The subjects offered vary in price. Please call for the exact cost of the subject you are registering for.

Shipping and applicable taxes are based on student's location and will be provided once initial application is submitted.

---

**Please indicate method of payment:**  Interac On-line Payment (payable to: Edison Institute of Nutrition; email: info@edisoninst.com)

VISA

MasterCard

Money Order

Certified cheque

---

***Please call us with your credit card information - do not include in email application.***

---

---

## Agreement

---

---

I fully understand that all the course and study materials supplied to me by Edison Institute of Nutrition (EIN) are for my own personal use only. I agree not to share this confidential information with any other person, group, company or organization. I agree not to reproduce or transmit the whole or any part of this course by any means whatever, electronic or mechanical, including photocopying or by any information storage and retrieval system.

I hereby fully understand and agree that acceptance by EIN is provisional and that I may be removed from any EIN instructional program at any time, without recourse, for failure to meet its standards. I agree to complete the continuing education subject within the allotted time frame or no longer than one year from the start date.

I agree to accept all financial conditions and agreements. Continuing education registration, tuition, textbook, materials and shipping fees are non-refundable.

I clearly understand that nutrition is a science of wellness whose sole purpose is to teach me how to build and maintain nutritional well-being, both for myself and others. I also understand that the teachings or methods of nutrition are not for the purpose of diagnosing disease or for providing medical advice and should I engage in such behaviour, I do so entirely at my own risk and discretion. If medical care should be required, it is the recommendation of EIN and its authors and publishers that capable, qualified medical personnel be consulted.

EIN offers its published material and courses simply for informational purposes, and I specifically relieve EIN and its authors and publishers from any responsibility for the consequences of following any of the recommendations contained in material offered by EIN.

I understand that EIN's programs are not designed to meet any national, state or local licensing or credentialing laws and that it is my responsibility to investigate this area thoroughly.

I release EIN and/or its authors, publishers and instructors from any damages, claims or liabilities whatsoever, as a result of the information presented.

I hereby certify that all the above information presented by me is true and accurate.

Signed \_\_\_\_\_

Date \_\_\_\_\_