

# REGISTRATION PACKET

Nutritional Therapy Practitioner  
Training Program

Feb. 2018 — Nov. 2018



Nutritional  
Therapy  
Association



# NTP REGISTRATION PACKET

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## 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. **Please note that we cannot accept a typed name in the signature fields.**

### PDFS ONLY FOR DIGITAL VERSION

If you are 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.
- 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

To register, you also must read the *NTA Student Handbook* 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 (preferred), fax, or mail by **February 2, 2018, 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.

E-Mail	Fax	Mail
<a href="mailto:nta@nutritionaltherapy.com">nta@nutritionaltherapy.com</a>	+1-360-528-2564	PO Box 354, Olympia, WA, 98507, USA

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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 (If Any) & Main Topic (e.g. Nutrition, Fitness, etc.)

### 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 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! Visit [NutritionalTherapy.com](http://NutritionalTherapy.com) for more details.

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:** February 2, 2018
- **Course Starts:** February 12, 2018
- **Course Ends:** November 18, 2018

### VENUES

Classes are available in the following cities during the Feb. 2018 to Nov. 2018 cycle. We recommend registering as early as possible as class sizes are limited. Please check only **one** venue.

<input type="checkbox"/> Ann Arbor, MI	<input type="checkbox"/> Bend, OR	<input type="checkbox"/> Brisbane, QLD	<input type="checkbox"/> Charleston, SC
<input type="checkbox"/> Dallas, TX	<input type="checkbox"/> Herndon, VA	<input type="checkbox"/> Minneapolis, MN	<input type="checkbox"/> New York, NY
<input type="checkbox"/> Olympia, WA	<input type="checkbox"/> San Diego, CA	<input type="checkbox"/> San Francisco, CA	<input type="checkbox"/> Toronto, ON

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 3 months of the course, but please visit [NutritionalTherapy.com](http://NutritionalTherapy.com) for specific workshop dates and venues.
- Students will sit for a written and practical midterm examination at the 2<sup>nd</sup> workshop and a written and practical final examination at the 3<sup>rd</sup> workshop.
- 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.

### TUITION

<input type="checkbox"/> <b>Classes in the U.S. &amp; Canada:</b> \$5,400 USD	<input type="checkbox"/> <b>Classes in Australia:</b> \$5,900 USD
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Your tuition fee includes access to:

- 3 multi-day hands-on workshops at the end of each 3-month term.<sup>1</sup>

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<sup>1</sup> 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](http://NutritionalTherapy.com) for up-to-date information about workshop dates and locations.

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- 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 6 weeks 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 Evaluation.
- 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.

## FINANCING OPTIONS

The following financing options are available to NTP students. Your enrollment in the NTP program will be confirmed upon receipt of tuition in full from the financing institution.



**U.S. Residents:** Harborstone Credit Union

The NTA partners with Harborstone Credit Union to offer loans for tuition and books. To apply:

1. Visit the NTA website page on [Scholarships & Financial Aid](#).
2. Download the HCU Application and Authorization for Disclosure PDFs and complete both forms. You will also need to provide proof of income with Year-To-Date (YTD) earnings or at least 90 days of income.
3. Once you have completed the application documents, email them to Johna LaRue, Harborstone's Community Resource Center Manager, at [johna.larue@harborstone.com](mailto:johna.larue@harborstone.com). Please put "NTA/Tulip Tuition Loan" in the subject line. If you have questions about the loan, contact Johna via email or phone at (253) 589-8393.



**All Students:** Financing through Your Own Bank or Credit Union

You may pursue a personal loan through your own financial institution. All funds must be received by the NTA before you can be registered and reserve a spot in class. Tuition is in USD and conversion or transaction fees are not the responsibility of the NTA.



**Australia Residents:** Auswide Bank

NTA Australia 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".

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## PAYMENT OPTIONS

Please select a payment option for your tuition:

☐

Payment in Full (Fill in payment info below)

☐

Financing\* (See options on page 3)

\*Registrations using a financing option will not be processed until the NTA receives the funds. Spots cannot be reserved in class until payment is received.

## PAYMENT INFORMATION

☐

Credit or Debit Card

☐

Check (Write check # below)

☐

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

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 15-module course:

Withdrawal Date	% of Materials Covered	Refund Required
Feb. 12, 2018 – Mar. 9, 2018	10%	90% of tuition, less cancellation charge of \$150
Mar. 10, 2018 – April 13, 2018	25%	75% of tuition, less cancellation charge of \$150
April 14, 2018—May 11, 2018	50%	50% of tuition, less cancellation charge of \$150
May 12, 2018 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 the 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 5<sup>th</sup> business day (excluding Sundays and holidays) following your signing this contract. In the event of a 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"><li>1. I understand and accept that any contract for training I enter into with the Nutritional Therapy Association contains legally binding obligations and responsibilities.</li><li>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.</li><li>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.</li></ol>	<p>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.</p> <p>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.</p>

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 on page 14 of the NTA 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](http://wtb.wa.gov/PCS_Complaints.asp)
8. I have read and understand the Student Complaint Disclosure on page 14 of the NTA 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 (both pages)
- ☐ Photo Release Consent
- ☐ Student Contract (all 5 pages)
- ☐ Workshop Transfer Policy
- ☐ Drop Policy
- ☐ Re-Entry Policy
- ☐ Student Complaint Disclosure
- ☐ NTA Membership Benefits

Student Printed Name

Student Signature

Date

Please return this registration packet to the NTA via email (preferred), fax, or mail by **February 2, 2018, 5:00 pm Pacific Time (UTC-8)**.

E-Mail	Fax	Mail
<a href="mailto:nta@nutritionaltherapy.com">nta@nutritionaltherapy.com</a>	+1-360-528-2564	PO Box 354, Olympia, WA, 98507, USA

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Again, please note that digital versions of this must be sent as a PDF, not a photo. You must either:

- Fill out the PDF digitally using Adobe Acrobat, macOS Preview, etc. You must use a certified digital signature.
- Print and scan this page if you prefer to sign it by hand. You can use a scanner or an app like Genius Scan (which is available on iOS and Android).