



**Body Wisdom, Inc.**  
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 www.bodywisdomschool.com

**Application for Reflexology Wellness Therapist Certification Program**

Please print:

(Last Name)	(Middle Initial)	(First Name)	(Social Security No.)
(Street Address)	(City)		(State) (Zip)
(Date of Birth)	(Cell Phone)	(Home Phone)	(Work Phone)
(personal E-Mail)		(Current Occupation)	

I am a Body Wisdom Graduate. I graduated in the year ..... under the name: .....  
 (In Case of Name Change)

**Emergency / Contact Information**

In case of an emergency Body Wisdom Inc. may contact the following persons to inform them of my condition and/or request that they make decisions on my behalf. These persons shall also provide my contact information to the school, in case I cannot be reached.

(Full Name of Emergency Contact Person 1)	(Cell Phone)	(Home Phone)	(Work Phone)	(Relation)
(Full Name of Emergency Contact Person 2)	(Cell Phone)	(Home Phone)	(Work Phone)	(Relation)

**Release of Information**

I agree that Body Wisdom Inc. may release or request information related to my person, my student account and/or academic details to and from the following person/s:

(Name of Emergency Contact Person 1)	(Relation)	(Cell Phone)	(Home Phone)	(E-mail)
(Full Name of Emergency Contact Person 2)	(Relation)	(Cell Phone)	(Home Phone)	(E-mail)

**This agreement is a legally binding document when signed by the student and accepted by the school. By signing this agreement you acknowledge that you have been given sufficient time to read and discern all parts of this document. You further agree that you have been given the School Catalog, Student Handbook, Substance Abuse Policy, and Sexual Harassment or Abuse Policy to read, which are likely to influence your decision to enroll, s. a. below items items – for full details refer to above documents.**

**Terms** - All school policies apply. Tuitions and costs for the program are billed upon receipt of application and registration fee and due as indicated on such invoice/s, generally 30 days prior to program start date. The school’s SAP (Satisfactory Academic Progress) policy applies – for details please refer to the Student Handbook.

**Refund Policy** – A student, who submits a Reflexology Certification application, has the right to withdraw within the following 24 hours at no charge. With any later withdrawal of 14 or more days prior to the first class, the school will not refund the registration fee, but does not charge for tuitions and costs. In case of withdrawal of less than 14 days, but at least 24 hours prior to any course start, the school shall retain/receive 50% of tuitions in addition to the non-refundable registration fee. In case of any later withdrawal or non-attendance, the school shall retain/receive 100% of tuitions, costs, and fees. In case a full course or one or more individual course class/es is/are rescheduled due to weather conditions, which result in irresolvable scheduling conflicts for the course participant, all charges for tuitions and registration fee may be transferred to an entirely different course date or another course choice. Any course fees may or may not be transferrable or refundable, as determined by the school in such case. In case the school cancels a course, all paid monies, including the registration fee, are refundable or transferrable. The school processes refunds within 45 days of official cancellation or withdrawal.

**Refund for Veteran Benefit Program Participants** – A student who receives Veteran’s benefits must provide written notice of cancellation to receive a refund. Refunds for all courses starting after the receipt of cancellation will be calculated on a pro-rata percentage based on the in-class hours of the program, minus 10% of the total amount. \$10 is deducted from refunds on registration fees. No refunds are given for materials and equipment.

**Refund in Case of Military Deployment** – Per IA Code §261.9(g)1, If a student is a member, or the spouse of a member if the member has a dependent child, of the Iowa national guard or reserve forces of the United States and who is ordered to national guard duty or federal active duty: A) Withdraw from the student’s entire registration and receive a full refund of tuition and mandatory fees. B) Make arrangements with the student’s instructors for course grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the student’s registration shall remain intact and tuition and mandatory fees shall be assessed for the courses in full. C) Make arrangements with only some of the student’s instructors for grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the registration for those courses shall remain intact and tuition and mandatory fees shall be assessed for those courses. Any course for which arrangements cannot be made for grades or incompletes shall be considered dropped and the tuition and mandatory fees for the course refunded.

**Interest Charges - Delinquency - Collections** - Payments that are 30 days delinquent will result in the cancellation of any payment terms AND the student’s entire balance becomes due immediately. Moreover, Body Wisdom School will charge the delinquent student’s account a monthly interest charge of 1.5% or \$25, whichever is greater.

Body Wisdom School reserves the right to initiate collection processes on account balances after 30 days of initial delinquency.

Body Wisdom School will charge a collection fee of \$100 or 25% of the outstanding balance, whichever is greater.

*My initials confirm that I agree with all details on this first page of the four-page document:.....*

# I. Custom Program Selection & Cost Calculation for a Reflexology Wellness Therapist Certification Program

Note: If you wish to take the single course for Foot Reflexology only, please use our Application Form for Individual Courses.  
If you wish to apply for a Reflexology Therapist program, please use the designated form for that purpose.

**Reflexology Therapist Certification Programs** are customized and consist of a minimum of 300 hours. Additional hours are optional and will be determined by your choice of additional elective courses.

Each program consists of 180 Core Program hours including a minimum of 28 Student Clinic Course hours, and a minimum of 120 required Elective Program hours. Additional elective hours may be selected from the same Elective menu below.

### Program Breakdown:

- 180 Core Program hours include:
  - 56 Hours Physiology
  - 48 Hours Foot Reflexology
  - 24 Hours Thai Foot Massage
  - 16 Hours Hot Stone Reflexology
  - 8 Hours Relax: Hand & Ear Reflexology
  - 30 Hours Student Clinic Course
- Minimum of 120 Elective Program hours:
  - To be selected from below list
  - Optional additional Elective Courses may be selected from below list

Please let our Student Counselor advise and assist you with all program details.

**Program Costs:** A 20% discount from regular course costs and fees is applied to the program. The costs for a Reflexology Wellness Therapist Certification Program start at \$5,792.80 depending on your Elective Program choices and/or optional add-on Electives. All text books, equipment and course materials are included. A \$100 non-refundable registration fee is due upon acceptance into the program.

### Program Details & Cost Calculation:

Course Title	Course Hours	Costs for textbooks, manuals, equipment, supplies at 20% discount of reg. rates	Tuition Fees reflect a 20% discount from regular course rates	Enter Course Start Date (Ex. 'Dec. '22)	
<b>Core Program:</b>					
Physiology	56	\$152.00	\$833.28		
Foot Reflexology	48	\$ 95.20	\$714.24		
Thai Foot Massage	24	\$103.20	\$357.12		
Hot Stone Reflexology	16	\$211.20*	\$238.08		
Relax: Ear & Hand Reflexology	8	\$ 51.20	\$119.04		
Student Clinic Course	28	\$160.00	\$416.64	n/a	
<b>SUB TOTAL</b>	<b>180</b>	<b>\$772.80</b>	<b>\$2,678.40</b>		
<b>Choose a Minimum of 118 Elective Hours:</b>	Course hours	Enter # of course hours for your selections:	Circle fee amounts for courses you select:	Circle tuition amounts for courses you select:	Enter Course Start Date of your selections
Pathology	44		\$144.00	\$654.72	
Anatomy: Bones & Muscles	48		\$155.20	\$714.24	
Business Career Building - Biz12	12		\$ 63.20	\$178.56	
Business, Law & Marketing – Biz32	32		\$127.20	\$476.16	
Clinical Aromatherapy & Massage	48		\$155.20	\$714.24	
European Spa Specialties	24		\$187.20	\$357.12	
Sound Infused Therapies	16		\$ 95.20	\$238.08	
Thai Herbal Spa	16		\$ 95.20	\$238.08	
Ayurvedic Shirodhara	16		\$ 71.20	\$238.08	
Rock to Relax: Pulsing	16		\$ 71.20	\$238.08	
Rock to Relax: Rebalancing	16		\$ 71.20	\$238.08	
Reiki Intensive	16		\$ 71.20	\$238.08	
Your Crown & Glory: Head Massage	8		\$ 51.20	\$119.04	
<b>Calculate SUB TOTAL Hours, Fees &amp; Tuitions</b>	Hours	\$	\$	= \$	
<b>Add Sub Totals from above Core Program</b>	<b>180 Hours</b>	<b>\$ 772.80</b>	<b>\$ 2,678.40</b>	<b>= \$ 3,451.20</b>	
<b>Calculate Total of all Fees &amp; Tuitions</b>	Hours	\$	\$	= \$	

**Total Reflexology Wellness Certification Program Costs = .....**

NOTE: This Form must be submitted together with a non-refundable Registration Fee of \$100 (charged only in case of acceptance and registration takes place)

\* Amount can be pro-rated in case student already owns materials.

**II.: Payment:**

**A. General Payment Terms:**

The non-refundable registration fee must be submitted with the application and will only be charged upon acceptance into the program with all requested courses/dates. 25% of total program costs (tuitions & material fees) are due upon receipt of the school's invoice and confirmation package. All remaining balances are due at least 30 days prior to start date of the first course. Body Wisdom School withholds the right to terminate an Enrollment Agreement at any time in case of delinquencies or non-compliance of the student with school policies at the student's expense. No official documents or certification papers are issued until all balances are paid in full.

**B. Payment Options – Please select:**

**1. Payment in Full** (Body Wisdom accepts Checks, Money Orders, Cash, Visa/Master/Discover):

I include the non-refundable Registration Fee of \$100.00 with this completed Application Form; and I agree to pay all amounts on time, as described above (see par. II.A.). I know that the school will only hold the space for me in the individual courses as scheduled (see pg. 2), once the down payment of 25% of the total of tuitions, fees, manuals/texts has been posted to the school's account.

Checkmark above and sign here for payment option B.1.: .....

**OR:**

**2. Financing**

a) The non-refundable Registration Fee of \$100.00, must be included with this completed Enrollment Agreement Form (also see pg. 4). Federal Financial Aid is NOT available for this program and the school offers custom in-house payment plans. Applicants may schedule a private consultation for this purpose with: Student Counselor, G Kelley \* 515-727-4890 \* [G.Kelley@bodywisdomschool.com](mailto:G.Kelley@bodywisdomschool.com)  
Please indicate your preferred payment choices:

b) Applicant's Payment Plan Proposal: I propose to pay the total program costs as follows (use additional paper if needed):

- 1<sup>st</sup> Payment Payment of \$..... on ..... (enter date); by Check, Cash, Debit, Credit Card (circle one).
- Regular weekly, bi-weekly, monthly payments (circle one) in the amount of \$..... per each ..... (enter date);  
by Check, Cash, Debit, Credit Card (circle one).

Notes:.....  
.....

Please use my Debit/Credit Card for automatic payments #: ..... Exp.Date: ..... CVC: .....

Payment card billing address: .....  
(if different than page 1)

Checkmark above and sign here for payment option II.B.2.: .....

**III: Personal Information** (use additional paper if needed)

How did you hear about the school? .....

Is your current health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor ? Do you use any medications: Yes / No

Are you physically or mentally challenged in any way? .....

You will be required to inform the school in case of pregnancy—are you currently pregnant ? .....

Do you have previous training with the health care domain? .....

If so, please list: ..... Date completed (mo/year)? .....  
..... Date completed (mo/year)? .....

Do you currently hold a valid License to practice Massage? Yes / No If yes, issued by which State?: .....

What is your professional experience, if any, so far? (List details or attach resume) .....  
.....  
.....

My initials confirm that I agree with all details on this third page of the four-page document:.....

Are you new to recovery (within last 12 months) or have you had a communicable disease in the last two years (examples: hepatitis, lice, HIV, scabies, etc.)?

.....

Please describe any learning disabilities or past / recent injuries due to accidents or sports: .....

.....

Have you ever been charged with a felony, crime or assault—please list below: (Incorrect information or lack of disclosure may affect a student's acceptance, criminal back ground checks may be conducted)

.....

.....

What is your personal and/or professional goal for enrolling in this program? .....

.....

Your challenges: .....

.....

Your strengths: .....

.....

**IV: Enrollment Agreement**

This form, when completed, signed and dated, serves as your application for acceptance and enrollment into a Reflexology Certification Program with Body Wisdom School, if submitted with below items, and as follows:

- 1. Complete this form to the best of your knowledge and sign and date below (you may schedule to do this with the assistance of one of our counselors).
- 2. Include a photo copy of your driver's license (if not available you may use copy of birth certificate and a recent photograph)
- 3. Submit your payment of the Registration Fee (non-refundable once accepted and registered) of \$100.00 - Choose a payment option:

Enclosed is a check/money order in the amount of: \$ ..... (please don't send cash by mail).

or

Charge my Credit/Debit Card in the amount of \$ ..... Card Number: .....

Exp. Date: ..... CVC: ..... Cardholder: ..... Cardholder's Signature: .....

Card Billing Address: .....  
(if different from above) (Street) (City) (State) (Zip)

Please also charge above credit/debit card with the remainder of my balance/s as due.

or

I agree to pay the balance/s as due by (please check one):  mailing a check  calling w/a credit card  paying in person.

I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I FULLY UNDERSTAND, AGREE TO, AND WILL ABIDE BY THE REGULATIONS AND POLICIES STATED WITH THIS FORM, THE STUDENT HANDBOOK, AND SCHOOL POLICIES. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD AND AGREED TO MY RIGHTS AND RESPONSIBILITIES AS STATED WITH THOSE DOCUMENTS AND THIS FROM.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ACCEPTED BY:**

\_\_\_\_\_  
(School Official)

\_\_\_\_\_  
Date