



APPLICATION AGREEMENT

Application for Admission and enrollment agreement for the World Trichology Society's Trichology Certification course.

Demographic Information

Name (first, last): _____

Home Telephone: _____

Cell Phone: _____

Fax Number (if applicable): _____

Email Address: _____

Mailing Address: _____

What is your primary (native) language? _____

Program Information

Intended program: Trichology Certification for Medical Professionals

Clock Hours: 580 (540 coursework, 40 clinical)

Maximum Timeframe for completion: 12 months, at least one section bi-monthly

Upon successful completion, students will earn a Certificate of Trichology Certification for Medical Professionals.

The Trichology Certification for Medical Professionals course is offered in English, Arabic, and Spanish. If you intend to enroll in a program in a different language from your primary language, please affirm that you have at least a high school graduate proficiency in the selected language.

Intended language of instruction: _____

(Required if applicant's primary language differs from the selected language of instruction).

_____ By providing my initials, I affirm that I have at least a high school graduate proficiency in the language/program selected above.



Prior Education Information

Applicants are required to submit evidence of one of the following:

- A Medical License, Doctoral Degree, Master's Degree, or equivalent evidence of medical education and licensure; or
- Other health care professionals must submit copies of university issued post-graduate certificates.

Application materials should be mailed to the address below or emailed to education@worldtrichologysociety.org:
12724 Gran Bay Parkway West, Suite 410
Jacksonville, FL 32258, USA

Complete Post-secondary Educational History:

List all degrees and certificates earned including program title, year completed, and the institution full name:



Tuition and Payment Information

| Trichology Certification for Medical Professionals course | |
|--|-----------------------|
| Program Component | Cost |
| Course Sections (6 sections x \$700) | \$4,200 |
| Clinical Training and Final Examinations | \$1,300 |
| <i>Program Total</i> | <i>\$5,500</i> |

Students are not charged any additional fees. There are no textbook requirements for any World Trichology Society courses. A list of optional supplementary study materials will be provided however, their purchase is not required for the course. Approximate cost for optional textbooks is \$100. Trichology Certification students who attend clinical training in person assume the entire cost of their travel, hotel, food, and other travel incidentals.

Terms of Payment Terms

Students are required to pay for the entire course during initial enrollment. Payment is made through PayPal, our secure online service. To make payments, please go to: <https://worldtrichologysociety.org/trichology-courses/full-trichology-certification-course-for-physicians/>

Withdrawal Policy

Students must notify the institution in writing via email (education@worldtrichologysociety.org) if they intend to withdraw from the course. They may withdraw at any time. Students who cancel their enrollment within three days of signing their enrollment agreement are entitled to a full refund of all monies paid. Students who withdraw after they have begun their enrollment are subject to the refund policy below, based on their date of withdrawal. The date of withdrawal is the date that the student notifies the institution of their intent to withdraw. Refunds are calculated based on the prorated refund table below where Month 1 begins the first day the course is made available to the student and the date of withdrawal is the number of months after that date.

_____ By providing my initials, I certify that I read and understand the tuition and terms of payment information as well as the withdrawal policy stated above.



Refund Policy

Students are provided a prorated refund based on the number of months they had access to the course as a whole. Students are expected to complete the course within 12 months. Therefore, the prorated refund policy is based on a monthly enrollment period. Students are provided a prorated refund up to the 40% mark of the program as follow:

| Date of Withdrawal | % of Enrollment Period | Refund to Student |
|--------------------|------------------------|-------------------|
| Month 1 | 8.33% | \$5,041.67 |
| Month 2 | 16.67% | \$4,583.33 |
| Month 3 | 25.00% | \$4,125.00 |
| Month 4 | 33.33% | \$3,666.67 |
| Month 5 | 41.67% | \$0 |

All refunds are processed within 30 days of the student's date of withdrawal.

Refund Example

If a student who pays for the course in full withdraws during Month 3, he/she will be entitled to a refund of \$4,125. WTS will retain \$1,375.

Employment Disclaimer: World Trichology Society does not provide placement services and does not promise or imply any specific employment opportunities as a result of completing the Trichology Certificate for Medical Professionals course. Upon graduation and active Society membership, students' names and contact information is added to our 'find a Trichologist' website.

_____ By providing my initials, I certify that I read and understand the refund policy and Employment Disclaimer stated above.



By signing my name below, I attest that I have read and understand the World Trichology Society Academic Catalog; that I have read, understand, and agree to adhere to the information contained in this Application Agreement, and that the information I provided is truthful and accurate to the best of my knowledge.

Student Signature

Date

Please email a completed copy to education@worldtrichologysociety.org.

WTS Representative Signature

Date

A completed copy of this Application Agreement will be provided to the applicant within 14 days of acceptance.