Western Institute of Neuromuscular Therapy

22951 Mill Creek Drive, Suite A, Laguna Hills, CA, 92653 (949)830-6151 FAX (949)830-1729

APPLICATION FOR ADVANCED PLACEMENT

Student complete Part A and submit to Administration with $100.00 testing fee.

PART A TO BE COMPLETED BY STUDENT

STUDENT NAME	DATE OF APPLICATION	COURSE/TERM

JUSTIFICATION OF THIS REQUEST:
(Attach Documentation of prior training/experience)

_____
_____
STUDENT SIGNATURE

PART B TO BE COMPLETED BY INTERVIEWER

NOTES FROM INTERVIEW
(Attach Additional Pages if necessary)

DECISION: YES / NO
If no, state reason for denial

_____
_____
INTERVIEWER'S SIGNATURE

_____
_____
PRINT INTERVIEWER'S NAME AND TITLE

PART C TO BE COMPLETED BY ADMINISTRATION:

WRITTEN EXAM:

GRADE _____
ATTACH EXAMINATION

Corrected by:

CLINICAL ASSESSMENT (PRACTICAL EXAM)

GRADE _____
ATTACH COPY OF EVALUATION SHEET

Evaluated by:

REVIEW & SIGNATURE OF INSTRUCTOR OF TERM STUDENT WILL ENTER UPON SUCESSFUL CHALLENGE

_____
_____
SIGNATURE OF INSTRUCTOR

_____
_____
PRINT INSTRUCTORS NAME AND TITLE

FINAL RESULTS OF APPROVAL PROCESS: **PASS** **FAIL**

TESTING FEE PAID $_____
CASH / CHECK / MO / CREDIT CARD

DATE/AMT REFUND IF APPLICABLE:

IMPORTANT NOTICE TO APPLICANTS:
It will be your responsibility to maintain your academic and technical skills at the level in which you qualify for advanced placement. If, during the first **two weeks** of the course, you find that the term in which you have been placed is more difficult than you anticipated, you may contact your instructor and request a transfer to the previous term. Likewise, if your instructor determines that you are holding back other students or it is not in your best interest to participate at this level, the instructor will request a meeting with you to discuss your progress. Your instructor has the authority to reassign you to the prior level. Your enrollment contract will be revised accordingly.

APPLICANT ACKNOWLEDGEMENT
I have read, understood, and agree to the terms identified in the above paragraph entitled **Important Notice To Students**.

_____
Student's Signature Date