

**Clinic Registration and Clinic Shift Requests  
Spring 2016**

January 4th – May 29<sup>th</sup>, 2016

**\*\*Clinic Registration Period is October 1<sup>st</sup> – 31<sup>st</sup>, 2016**



301 E. Bethany Home Road, Suite A-100, Phoenix, AZ 85012  
Phone: 602-274-1885 Fax: 602-274-1895

Course Code	Clinical Course Title	Credits	Hours	Cost	Initials	
OMP 1000	Clinic Preparation & Procedures I*	0.5	7.5	\$138.75		
OMP 501	Clinical Observation I* <i>Must be taken concurrently*</i>	3	90	\$1665.00		
OMP 502	Clinical Observation II	3	90	\$1665.00		
OMP 611a	Clinical Internship IA	3	90	\$1665.00		
OMP 2000	Clinical Preparation & Procedures II**	0.5	7.5	\$138.75		
OMP 611b	Clinical Internship IB <i>**Must be taken concurrently unless OMP 1000 completed less than one year ago**</i>	3	90	\$1665.00		
OMP 611c	Clinical Internship IC	3	90	\$1665.00		
OMP 621a	Clinical Internship IIA	3	90	\$1665.00		
OMP 621b	Clinical Internship IIB	3	90	\$1665.00		
OMP 621c	Clinical Internship IIC	3	90	\$1665.00		
OMP 631a	Clinical Internship IIIA	3	90	\$1665.00		
OMP 631b	Clinical Internship IIIB	3	90	\$1665.00		
HBT 630	Herb Clinic I	3.5	105	\$1942.50		
HBT 640	Herb Clinic II	3.5	105	\$1942.50		
				Clinic Fee	\$50.00	✓

**Instructions:** **A)** Please select one (1) clinic shift per course code for which you registered (except OMP 1000 & 2000). Indicate your shift preferences by writing '1' in the most preferred spot, '2' in the next most preferred, '3' in the 3<sup>rd</sup> most preferred, etc. Write 'N/A' in the spots in which you absolutely cannot attend clinic. Students closest to graduation will be given preference. **B)** If registering for both Acupuncture and Herb shifts, please indicate your herb shift preference by writing "Herbs" in the appropriate space. **C)** Clinic registration forms received by the Registrar after **October 31<sup>st</sup>, 2016** will be processed after the shift requests received within the clinic registration period have been finalized.

	Monday	Tuesday	Wednesday	Thursday	Thursday Parental Shift 9:30am – 2:00pm	Friday	Saturday
7:30am to Noon							
Noon to 4:30pm							
4:30pm to 9:00pm							
<i>Do you need business cards?</i>							
Yes      No	HIV Clinic (11:30am – 4pm)		Healing Edge (Wednesday Only) (10am – 2:30pm)	(2:30- 7pm)			

**Method of Payment (Please Circle One):**    **Financial Aid**            **GI Bill**            **Cash**            **Payment Plan**

BY SIGNING BELOW, I (THE STUDENT) HAVE AGREED TO ATTEND AND PAY FOR THE CLASSES LISTED ABOVE. IF FINANCIAL ARRANGEMENTS WERE NOT FINALIZED TODAY, I AGREE TO CONTACT THE ACCOUNTING OFFICE TO ARRANGE FOR PAYMENT. I UNDERSTAND THAT MY REGISTRATION WILL NOT BE PROCESSED UNTIL PAYMENT IS CONFIRMED OR ARRANGEMENTS TO PAY ARE CONFIRMED THROUGH THE REGISTRAR. I ALSO AGREE TO CHECK MY PIHMA EMAIL ACCOUNT ON A WEEKLY BASIS.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Administrative Staff Signature

\_\_\_\_\_  
Date