

# Registration Packet

## Summer 2024

June 3 – July 21, 2024



Advising Period: Begins March 13, 2024  
Registration Period: March 13 – May 6, 2024  
Add-Drop Period: June 3 – June 10, 2024

Student: \_\_\_\_\_

Date: \_\_\_\_\_

**Advising Period:** Begins March 13, 2024. Monday-Friday: 9am-5pm by appointment; Saturdays and Sundays 9am – 1:30pm *by appointment*. Students must consult with an academic advisor prior to registration. Registration forms must be reviewed and initialed by an academic advisor prior to submission to registrar Judy Drayer (drayer@pihma.edu). To schedule an appointment, please email the appropriate advisor below:

*MSAc/DAc students with fewer than 115 credits*  
*MSOM/DAc students with fewer than 165 credits*  
Mary Ellen Simmons (by appointment)  
[msimmons@pihma.edu](mailto:msimmons@pihma.edu)

*MSAc/DAc students with 115 credits or greater*  
*MSOM/DAc students with 165 credits or greater*  
David Myrick (by appointment)  
[dmyrick@pihma.edu](mailto:dmyrick@pihma.edu)

**Registration Dates:** Wednesday, March 11 – Monday, May 8, 2024, 9am-5pm. All registration forms must be signed and dated. Registration forms received by the registrar after May 8, 2024 will be considered late and a \$50 late registration fee will be applied.

**The Registration fee** should be paid at the front desk, and a receipt obtained.

**Add-Drop Period:** June 3 – 10, 2024. An academic adviser will review all add requests to ensure pre-requisites have been met. All add/drop forms must be signed and dated. The financial aid officer will be notified when a drop request is received to determine whether eligibility for Title IV assistance will be affected. **Changes** made prior to the add/drop period must be done by or completing a new registration form or amending the form already submitted to the registrar.

**A \$30 drop fee** will be assessed for each didactic or clinical course dropped after **June 10, 2024**. **This drop fee will be charged if you drop any class after add/drop period even though the class may or may not have begun.**

**An Outstanding balance** from a prior semester(s) should be discussed with accounting office staff. Registration forms will not be processed until clearance is received from the accounting department. **Students who have not been cleared by the accounting office will not be permitted to attend classes or clinic shifts.**

## METHODS OF PAYMENT

**CASH** – If you select **CASH** as a method of payment, your **TOTAL** amount of tuition and fees are to be **paid on or before classes start**. If your payment is not received by the 1<sup>st</sup> day of classes, you will be charged \$100 late fee and \$50 each month thereafter until your account is paid in full. You will receive an invoice for the full payment due upon receipt of the registration packet that must be paid on or before the class start. This **MUST** be signed and returned to Anthony Morales. Your registration packet **WILL NOT** be signed until the signed invoice is received by Anthony Morales.

**PAYMENT PLAN** - Payment Plans will be created by Kristen Gray (kgray@pihma.edu). All payment plans have a **6.8% fee** of your total balance added to the payment plan. Payment plans can **ONLY** be up to the length of the semester, i.e., 5 payments for Fall or Spring Semesters and 2 payments for the Summer Semester. **A 3% fee will be charged for each payment made by credit card.**

Your registration packet **WILL NOT** be signed off until the signed payment plan is received by Kristen Gray. **FINANCIAL AID**, if applicable, must be confirmed before a student's registration will be processed. Financial Aid will not sign off if your financial aid is incomplete.

**A \$100 late fee** will be assessed for all student accounts if a payment or payment plan arrangements have not been made by the first day of the semester. (**June 3, 2024**)

**Summer 2024 financial aid confirmation**, if applicable, must be confirmed before a student's registration will be completed. Anthony's signature below or email is required. Availability is as follows:

**Anthony Morales**

*Office Hours: By appointment 602-274-1885, ext. 114  
Available by email (amorales@pihma.edu): Monday – Friday*

**Accounting availability is as follows:**

**Daisy Dial**

*Office Hours: Monday – Friday, 10am – 3pm  
Available by email ([ddial@pihma.edu](mailto:ddial@pihma.edu)): Monday – Friday*

**Deliver** the completed registration form, along with any required signatures below, to registrar Judy Drayer (jdrayer@pihma.edu). Students are responsible for ensuring the registrar receives signed and dated registration paperwork.

**Once your classes have been entered in Orbund, you will be able to access your schedule at <http://server14.orbund.com> using your assigned user name and password. Please be sure to check your PIHMA email for changes and announcements on a regular basis.**

Financial Aid Confirmed (signature or email required):

\_\_\_\_\_  
Anthony Morales

Accounting Office Authorization (signature or email required):

\_\_\_\_\_  
Daisy Dial

# Summer 2024 Registration

Advising Period: Begins March 11, 2024  
 Registration Period: March 11 – May 6, 2024  
 Add-Drop Period: June 3 – June 10, 2024



Name: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

MY CONTACT INFORMATION HAS CHANGED

Address:		Degree Track:		
Phone:		<input type="checkbox"/> MSAc/DAC	<input type="checkbox"/> MSAC	<input type="checkbox"/> DAC
E-Mail:		<input type="checkbox"/> MSOM/DAC <sup>HM</sup>	<input type="checkbox"/> MSOM	<input type="checkbox"/> DAC <sup>HM</sup>

\_\_\_\_\_ ACADEMIC ADVISOR INITIALS: MET WITH STUDENT, PRE-REQUISITES FOR COURSES BELOW ARE MET

Course Code	Course Title	Credit	Hrs.	Cost (See Below)	Day / Time

**\*\*PIHMA reserves the right to change the curriculum, staff, location and cost per classroom hour as necessary, including the right to select which courses will be offered each semester and cancel or reschedule any class in which there is an insufficient number of students enrolled. \*\*Note: OMP 508 has a \$125 materials fee. A materials fee may be required for all herb and other practicum courses.\*\***

Course challenge and directed study request forms can be obtained from the academic department or 'Catalogs and Forms' in the Academics drop-down menu on the PIHMA web site.

A Late Registration Fee of \$50 Will be Assessed for All Registration Forms Received After **May 6, 2024**.

Class Tuition & Fees	\$
Clinic Tuition & Fees	\$
Registration Fee	\$ 300.00
Technology Fees	\$ 75.00
Late Fees	\$
Summer 2024 Tuition and Fees	\$
Amount Paid	\$
Balance Due	\$

*\*\*Plus \$25 supplies fee for interns, plus \$30 uniform fee for observation*

Didactic Credit Hours	Clock Hours	Matriculated Tuition \$19.60 per hour	Non-Matriculated Tuition \$21.50 per hour
1	15	\$ 294.00	\$ 322.50
2	30	\$ 588.00	\$ 645.00
3	45	\$ 882.00	\$ 967.50
4	60	\$1176.00	\$1290.00

Clinical Credit Hours	Clock Hours	Matriculated Tuition \$19.60 per hour	Non-Matriculated Tuition \$21.50 per hour
0.5	7.5	\$147.00	\$161.25
1.5	45	\$882.00*	\$967.50*
3	90	\$1764.00**	\$1935.00**
3.5	105	\$2058.00	\$2257.50

**Method of Payment (Please Circle One):**    **Financial Aid**    **Veteran's Benefits**    **Cash**    **Payment Plan**

BY SIGNING BELOW, I (THE STUDENT) HAVE AGREED TO ATTEND AND PAY FOR THE CLASSES LISTED ABOVE, PLUS ANY PRIOR BALANCE OWED. 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, AND THAT I AM NOT PERMITTED TO ATTEND CLASSES OR CLINIC SHIFTS UNTIL CLEARANCE FROM THE ACCOUNTING OFFICE HAS BEEN RECEIVED BY THE REGISTRAR. I ALSO AGREE TO CHECK MY PIHMA EMAIL ACCOUNT ON A WEEKLY BASIS.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Chart of Fees Typically Paid At Registration

Type of Fee	Amount	When Due
Registration / Matriculation Fee*	\$300	Paid at time of registration each semester
Advanced Standing	\$100 / One time only	Paid at time of request
Challenge Exam	\$100 / course + \$50 credit student is challenging	Paid at time of request
Clinic Supplies		Included in clinic tuition and fees
Letter of Academic Standing	\$25	Paid at time of request
Official Transcript	First free and \$10 thereafter	Paid at time of request
Program Change	\$250	Paid at time of request
Course Drop (after add/drop period)	\$30	Paid at time of request
Clinic Shift Drop (after add/drop period)	\$30	Paid at time of request
Returned Check	\$30	Paid upon notification
Exam Retake	\$75	Paid at time of request
Proctoring Fee	\$15	Paid at time of exam/quiz
Graduation	\$250 (single degree), \$375 (dual degree)	Paid with Application for Graduation
Diploma Replacement/Duplicate	\$75	Paid at time of request

### Refund Policies:

An applicant who provides written notice of cancellation within 3 days (excluding Saturday, Sunday and federal or state holidays) of signing a Registration Agreement is entitled to a refund of all monies paid. **Other Cancellations:** An applicant requesting cancellation more than 3 days after signing a registration agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid minus the registration fee of \$300\*.

### Procedure for Withdrawals:

- A. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Registrar or the Academic Dean. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
- B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from leave and failed to do so.
- C. A student will be determined to be withdrawn from PIHMA if the student has not attended any classes for 30 consecutive class days.

### Tuition Charges:

Tuition charges for the time period shall be determined based upon the student's actual course drop date of the class. If the student failed to attend any of the assigned classes and failed to officially drop the course in a timely period, the student will be charged the appropriate percentage of overall tuition for the course as noted in Refund Percentage Table below. The percentage of the enrollment period completed is determined by dividing the total number of weeks elapsed from the student's start date to the last day of attendance and/or official drop date, by the total number of weeks in the enrollment period. Tuition charges and refund amounts for the enrollment period are stated below in the Refund Percentage Table:

A. If 10% or less of the time has elapsed of the student's registered classes:	PIHMA may keep 10% of the tuition charged and will refund 90%.
B. If more than 10% but less than or equal to 20% of the time has elapsed of the student's registered classes:	PIHMA may keep 20% of the tuition charged and will refund 80%.
C. If more than 20% but less than or equal to 30% of the time has elapsed of the student's registered classes:	PIHMA may keep 30% of the tuition charged and will refund 70%.
D. If more than 30% but less than or equal to 40% of the time has elapsed of the student's registered classes:	PIHMA may keep 40% of the tuition charged and will refund 60%.
E. If more than 40% but less than or equal to 50% of the time has elapsed of the student's registered classes:	PIHMA may keep 50% of the tuition charged and will refund 50%.
F. If more than 50% of the time has elapsed of the student's registered classes:	PIHMA may keep 100% of the tuition charged and no refund is due.

\*This fee includes malpractice insurance, student ID and services, library resources and access, clinic treatment and medicinary discounts.

**Clinic Registration Summer 2024**

**\*\*Clinic Registration Period is March 11 – May 8, 2024\*\***



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	\$147.00	
OMP 501	Clinical Observation I includes \$30 uniform fee	3	90	\$1794.00	
OMP 501.37	Clinical Observation I** includes \$30 uniform fee	1.23	37	\$755.20	
OMP 501.53	Clinic Observation I** includes \$30 uniform fee	1.77	53	\$1038.80	
OMP 502	Clinical Observation II includes \$30 uniform fee	3	90	\$1794.00	
OMP 611a	Clinical Internship IA *includes \$25 supplies fee	3	90	\$1789.00	
OMP 2000	Clinical Preparation & Procedures II**	0.5	7.5	\$147.00	
OMP 611b	Clinical Internship IB *includes \$25 supplies fee **Must be taken concurrently unless OMP 1000 completed less than one year ago**	3	90	\$1789.00	
OMP 611c	Clinical Internship IC *includes \$25 supplies fee	3	90	\$1789.00	
OMP 621a	Clinical Internship IIA *includes \$25 supplies fee	3	90	\$1789.00	
OMP 621b	Clinical Internship IIB *includes \$25 supplies fee	3	90	\$1789.00	
OMP 3000	Clinical Preparation & Procedures III**	0.5	7.5	\$147.00	
OMP 621c	**Must be taken concurrently unless OMP 2000 completed less than one year ago** Clinical Internship IIC *includes \$25 supplies fee	3	90	\$1789.00	
OMP 631a	Clinical Internship IIIA *includes \$25 supplies fee	3	90	\$1789.00	
OMP 631b	Clinical Internship IIIB *includes \$25 supplies fee	3	90	\$1789.00	
OMP 632a	Integrative Clinic A *includes \$25 supplies fee	1.5	45	\$907.00	
OMP 632b	Integrative Clinic B *includes \$25 supplies fee	1.5	45	\$907.00	
OMP 632c	Integrative Clinic C *includes \$25 supplies fee	1.5	45	\$907.00	
HBP 630	Herb Clinic I	3.5	105	\$2058.00	
HBP 640	Herb Clinic II	3.5	105	\$2058.00	
				**OMP 501.37 and OM 501.53 for SCNM students/grads only	
				\$	

**Method of Payment (Please Circle One):**      **Financial Aid**      **Veteran's Benefits**      **Cash**      **Payment Plan**

BY SIGNING BELOW, I (THE STUDENT) VERIFY THAT I MET WITH MY ACADEMIC ADVISER PRIOR TO REGISTRATION AND 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

This page intentionally left blank

# Summer 2024 Clinic Shift Request Form

## Instructions

A) Please select one clinic shift per course code for which you registered (except OMP 1000, OMP 2000, and OMP 3000). **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.** *Interns and observers who submit a properly completed shift request form within the registration period who are 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) This form will be submitted to the Clinic Dean when all signatures have been obtained.

\*\*\*Clinic registration forms received by the Clinic Dean after **May 6, 2024** will be processed after the shift requests received within the registration period have been finalized.

## Clinic shifts run from June 3 – July 20, 2024

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30am – 12pm	Myrick		Rank	Murdoch	TBD	Myrick
12:00 - 4:30pm	Sun	Anderson	Murdoch	Hu	TBD	Myrick
4:30 - 9:00pm		TBD		Hu		

Please indicate your Integrative Clinic preference by placing your initials in the box on the right.

<b>Integrative Natural Medicine and Detox</b>	2701 N 7 <sup>th</sup> St, Phoenix, AZ 85006	(Day/time TBD)	Dr. Mario Fontes	
<b>Integrative Homeopathy</b>		(Friday mornings, time TBD)	Dr. Sybil Ihrig	
<b>Integrative St. Vincent DePaul</b>		(Tuesdays, 8am – 12:30pm)	Kirby Woods	
<small>*Due to limited space, a maximum of six interns per 10 week shift will be chosen*</small>				
<b>Integrative Bingham Health and Fitness</b>	1660 S Alma School Rd Suite 117 Mesa, AZ 85210	(Saturdays, 7:30am - Noon)	Dr. Zhen Hu	
<b>Integrative Bingham Health and Fitness</b>	1660 S Alma School Rd Suite 117 Mesa, AZ 85210	(Saturdays. Noon – 4:30pm)	Dr. Zhen Hu	

Do you need business cards (Interns only)?      Yes                  No

Please circle the observation / internship levels for which you are registered in Summer 2024:

**Observation:** 2      **Internship:** 1a   1b   1c   2a   2b   2c   3a   3b      **Integrative Clinic:** A   B   C

\_\_\_\_\_  
Student's Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Staff Signature

\_\_\_\_\_  
Date