

Diploma in Naturopathy



Registration Information

Eligibility for the Training Program

- Medical Doctors
- Nurses, Medical Technologist, Physical therapist
- Alternative Medicine Practitioners
- Wellness Coach & Trainers
- Physician Assistants
- Personal Trainers

Application for Admission

- Application form must be completed in full, to be typed or printed legibly
- Transcript of record/Diploma must be submitted directly to the office of admission (*Certified True Copy*)
- A non-refundable application fee of P750.00 must accompany your application
- If you have questions please call the office of admissions at **+63 33 3291916** or email us remnant_institute@yahoo.com

Training Fee

- Course tuition Php 72,800.00 (modules inclusive)

REGISTRATION, PAYMENT, CONFIRMATION AND REFUND POLICY

Registration for training programs can be done onsite or via our online registration system. To register for this course, please visit the course website.

Upon receipt of your paid registration, an email confirmation from RIAM office will be sent to you. Be sure to include an email address that you check frequently. Your email address is used for critical information, including registration confirmation, evaluation, and certificate. Refunds, less an administrative fee of \$75/P3500, will be issued for all cancellations received two weeks prior to start of the course. Refund request must be received by email or postal mail.

Payment can be done through credit card, direct bank deposit or during on site registration.

ACCOMMODATIONS

RIAM has guest room to accommodate our students who prefers the main office as the training venue. Choice between private room and shared dormitory room can be booked ahead of your scheduled training for guaranteed reservation.

Private room -- P600/night
Dormitory (Minimum of 5 persons) -- P300/night

The school also operates a Vegetarian restaurant where healthy food is served. Reservation or request for other menu can also be done by request.

Diploma in Naturopathy

Admission Form



GENERAL INFORMATION

Name FIRST MIDDLE LAST

Birth Date Birth Place Civil Status Citizenship Occupation

Present Address

Home Phone Office Phone Phone Email address

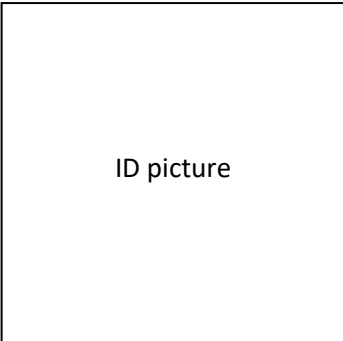
ACADEMIC INFORMATION

List below all institutions attended starting from the most recent.

| Institution | City/State/Country | Degree Earned | Dates Attended |
|-------------|--------------------|---------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

CLINICAL FIELD/EXPERIENCE IN NATUROPATHY

| Institution | City/State/Country | Position | Dates of Service |
|-------------|--------------------|----------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |



Signature over Printed Name