



ROYAL HEALTH SCIENCE ACADEMY

Application Information

Full Name: ----- Date of Birth: ----- Gender: -----
Address: ----- City: ----- Postal Code: -----
Email: ----- Phone: -----

Educational & Professional Background

I have a healthcare background. Current Profession (if applicable):

Previous Education or Certifications:

Program Selection

Enroll in the Pedorthics Certificate Program

Fees and Payment Details

Registration Fee: \$150 (non-refundable)

Refundable Deposit: \$1,000 (refundable upon program completion)

Total Due at Registration: \$1,150

I understand that my spot will be reserved upon receipt of payment.

Payment Information

Payment Method: Credit/Debit Card Bank Transfer Check

Name on Card -----

Card Number: ----- Expiration Date: ----- CVV: -----

Terms and Conditions

1. Registration Deposit Refund Policy: The \$1,000 deposit will be refunded only upon successful completion of the program.
2. Withdrawal Policy: The \$150 registration fee is non-refundable.
3. Attendance Commitment: Students must commit to the full program schedule to receive certification.
4. Program Changes: The institution reserves the right to modify program content or schedules as needed.

I have read and agree to the terms and conditions.

Signature -----

Date -----