

Level 2 Winter Program, Put it into Practice

PRICE: \$750

This class is for the herbal student who:

- has studied herbal actions and extractions but hasn't had a chance to put it into practice.
- is working towards becoming an clinical herbalist (CH).
- needs a group setting and feedback to feel comfortable and confident recommending herbal protocols.

In this class:

- We cover the foundations of clinical herbalism: paperwork/ follow ups, legal matters, contraindications, herbal constituents and custom formulations.
- The program is taught by **Mary Blue, Clinical Herbalist**, founder of Farmacy Herbs and **the Sage Healing Collaborative**.
- We practice consultations in a group form with clients using a critical thinking formula for choosing herbs based on actions and body systems.
- You practice consultations in a one-on-one setting with friends or family.
- Community advisors, **Dr. John McGonigle, MD** and **Dr. Marcy Fibelman**, supervise cases, present on specific health related topics and add their holistic, allopathic and naturopathic training to the classroom.
- We offer a Level 2 Certificate of Completion when students finish the both level 2 programs (winter and summer programs: 1 year, 100 hours).
- Scope of practice for herbal practitioners.

**PLEASE PRINT OUT THE NEXT PAGE AND MAIL OR DROP BY:
FARMACY HERBS, 28 CEMETERY ST, PROVIDENCE RI**

EMAIL TO : FARMACYHERBINFO@GMAIL.COM

REGISTRATION FORM

Name: _____ Date _____

Address: _____

Email: _____ Phone: _____

Emergency

Contact: _____

Applying work trade hours (all hours must be completed before you can apply them)

Total Tuition ____\$750.00_____

Initial Deposit amount (20%) \$ _____ Date _____

Deposit refund policy

Cancellation 2 weeks before class: full refund

Cancellation 1 week before class: 75% refund

Cancellation 1 day before class: 50% refund

Cancellation day of class/ through the first week of class: 25% refund

After one week of class: 0% refund

Payments (do not fill in until payments are made)

Deposit amount \$ _____ Date _____ Check? Cash _____

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Deposit amount \$ _____ Date _____ Check? Cash _____

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Deposit amount \$ _____ Date _____ Check? Cash _____

Deposit amount \$ _____ Date _____ Check? Cash _____

I have read and understand Farmacy Herbs Refund Policy and agree to this:

Name _____ Date _____