



Oncology Nutrition Institute
 oncologynutritioninstitute.com

Oncology Nutrition Institute
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2021-2022
 Registration Form

Section A		
Full Name:		
Mailing Address:		Email address:
Phone Number:		
Business name/web address (if applicable):		
Birth date:	Emergency Contact Name(s):	Phone Numbers
How did you hear about us?		

Section B	
What School and year did you complete your Qualifying Degree:	
Action Items: Please submit the following for review	<i>***Your application will be reviewed in the order received and</i>
1. Two letters of recommendation	<i>You will receive notification of acceptance within 7-10 business</i>
2. Proof of qualifying degree	<i>Days.</i>
3. Letter of Intent	
4. Personal Resume	
5. Registration Fee - \$65 (We will email you an invoice which must be paid in advance of application review)	

Section C

I _____ guarantee that all the information presented in this document and all of my related submissions are true and accurate. I also agree to the following usage, rights, and financial terms of the Oncology Nutrition Institute. I will not copy, compete, or reuse the copyrighted education materials presented during the program for commercial use and that breach of this will incur a fine. I agree that the materials presented in the program are for educational purposes only and are not meant to substitute medical care. I agree that my credentialing from ONI does not allow me to use terms diagnose, treat, or cure with my clients. I agree that full payment is required to gain access to course materials. I agree that I must complete all course materials within two years or I will be required to begin again. I understand that my credentials as an Oncology Nutrition Consultant should be kept up by continuing education and expire after five years of program completion. I agree to not hold the Oncology Nutrition Institute liable for any type of legal action against me or my practice.

Print name:
 Signature:
 Date: