

American College of Traditional Chinese Medicine TCM Dermatology Certificate

Today's Date _____

Legal Name _____

Last

First

MI

Prior Name(s) _____

Last

First

MI

Address _____

Street number

City

State

Zip Code

Home Phone () _____

Mobile Phone () _____

Work Phone () _____

Email _____

Social Security Number _____

Date of Birth _____

(month, day, year)

Place of Birth _____

(city, state, country)

Country of Citizenship _____

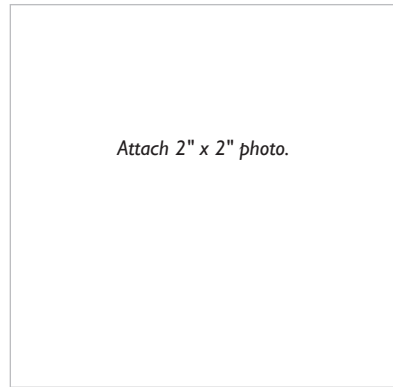
Gender: Male Female

What is your native language? English Other _____

(Applicants whose native language is not English must demonstrate English language proficiency at a level appropriate to graduate study.)

Ethnic background (optional): Caucasian/White/non-Hispanic African American/ Black Hispanic of any Race Asian

Native American/American Indian/Alaskan Native Hawaii/Other Pacific Islander Other _____



How Did You Hear About ACTCM?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> ACTCM Faculty | <input type="checkbox"/> Internet advertisement | <input type="checkbox"/> Television |
| <input type="checkbox"/> MD/Nurse/Chiropractor | <input type="checkbox"/> ACTCM Staff | <input type="checkbox"/> Print Advertisement | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> ACTCM Clinic | <input type="checkbox"/> ACTCM website | <input type="checkbox"/> Open House |
| <input type="checkbox"/> ACTCM Alumni | <input type="checkbox"/> Newspaper/Magazine article | <input type="checkbox"/> Health Fair | <input type="checkbox"/> Introductory Class |
| <input type="checkbox"/> ACTCM Student | <input type="checkbox"/> Internet Search Engine | <input type="checkbox"/> Graduate Fair | <input type="checkbox"/> Other _____ |

Educational History

Please list ALL colleges and universities attended with the most recent first.

Name of Institution	City/State	Major	Dates Attended	Units Completed/ Degree Earned

Have you taken TCM Dermatology at ACTCM with Professor Jialing Yu? Yes No If yes, date: _____

Have you taken External Medicine at ACTCM with Professor Jialing Yu? Yes No If yes, date: _____

Financial & Legal Information

How do you plan to pay for the TCM Dermatology Certificate?

\$500 deposit and one-time payment of \$3,000 for tuition balance \$500 deposit and 6 quarterly payments of \$500 each

Have you ever been convicted of a felony? Yes No If yes, please explain on a separate page.

Emergency Contacts

(Please list two)

Name	Address	Phone	Relationship

I certify that the information supplied by me on this application is true and correct to the best of my knowledge. If any of the information on this application changes between now and my enrollment at ACTCM, I will notify the program coordinator. ACTCM reserves the right, without notice, to change the arrangement or content of courses, the instructional materials used, to refuse admission or readmission to any student at any time; or to dismiss any student at any time.

Signature _____

Date _____

Supplemental Information

Professional Resume/Curriculum Vitae

Please submit a complete resume with this application. Include the following information, if applicable:

- Education and post-graduate training
- Work history and professional experience
- Professional and health care licenses received
- Research

Personal Statement

Please submit a typed, double-spaced essay of approximately two pages in response to the following questions. Include your name on all pages, and attach your essay to this application.

- 1) Please describe any education or professional experience you have had related to the TCM Dermatology Certificate.
- 2) How does the TCM Dermatology Certificate relate to your future professional or personal goals?
- 3) Please explain how you think the treatment of dermatological conditions with TCM is unique from the treatment of other types of disease with TCM.

Application Checklist Information

Use this checklist to confirm that each required item has been sent to the ACTCM TCM Dermatology Certificate Program Coordinator. All documents become the property of the American College of Traditional Chinese Medicine.

- Completed Application for Admission
- Personal Statement
- (1) Passport-sized photo
- Current Resume/CV

Please mail or deliver all application materials to:

American College of Traditional Chinese Medicine
c/o TCM Dermatology Certificate Program
455 Arkansas Street
San Francisco, CA 94107

For ACTCM Admissions Office Use Only

_____	Date Application Received	Comments _____
_____	Date of Interview	_____
_____	Date of Acceptance Letter	_____
_____	Date of Enrollment Start	_____
_____	Date of Deposit Received	_____

Admissions Committee Decision

- Admit
- Conditionally Admit
- Deny

Signature _____ Date _____