

# Application for Admission

Master of Acupuncture & Herbal Medicine (MAHM)

and

Dual Enrollment
Master of Acupuncture &
Herbal Medicine (MAHM) Doctor of Acupuncture &
Herbal Medicine (DAHM)



#### **Application for Admission**

Your application packet must include all required documents. Our Admissions Director will contact you to schedule interviews with members of the Admissions Committee once your application materials have been received.

Applicants who meet the admissions requirements for the Doctor of Acupuncture and Herbal Medicine (DAHM) program are encouraged to dually enroll in the MAHM/DAHM. Applicants who do not qualify for the DAHM, or accepted students who choose not to dually enroll, may enroll in the Master of Acupuncture and Herbal Medicine (MAHM) program only.

MAHM students have a limited time to apply to the DAHM and must apply in specified admissions cycles between the first and second years of the MAHM program. After that time, students must complete the master's program before applying to the DAHM professional track. Academic standing, disciplinary actions, and professionalism issues will be considered for applicants who do not enroll in the DAHM from the beginning of their MAHM studies. See Catalog for details.

### I have completed:

$\Box$ a minimum of three years (90 semester credits/135 quarter credits) of undergraduate education and want to dually enroll. $\rightarrow$ See the Dual Degree MAHM/DAHM Program checklist
$\Box$ a minimum of three years (90 semester credits/135 quarter credits) of undergraduate education and want to enroll in the MAHM only. $\rightarrow$ See the MAHM Program checklist
$\Box$ more than two years (60 semester credits/90 quarter credits) but less than three years (90 semester credits/135 quarter credits) of undergraduate education. $\rightarrow$ See the MAHM program checklist
Additional application information is required for transfer applicants and international applicants. In addition to the application checklist for the program of study, please refer to the checklists indicated below.
□ I want to transfer credits from previous Chinese medicine education. $\rightarrow$ See the Transfer Applicant checklist $\Box$ I am an international applicant. $\rightarrow$ See the International Applicant checklist

#### **Admissions Checklists**

## **Dual Enrollment MAHM/DAHM Program**

- □ 1. Completed application form
- □ 2. Current 2x2 passport photo (please do not use photo of your actual passport)
- ☐ 3. Copy of valid driver's license or other government issued photo identification
- □ 4. Admissions Essay of 750-1000 words: Tell us how you became interested in Chinese Medicine? What do you feel are the most important qualities in being a healthcare practitioner? How do you envision how you will practice Chinese Medicine upon completion of the program whether as an independent practitioner or in collaboration with other disciplines? Essays are evaluated based on content and standard writing conventions.
- □ 5. Current curriculum vitae (CV)
- □ 6. \$100.00 non-refundable application fee
- $\Box$  7. Official college transcripts: minimum of three years and 90 semester credits or 135 quarter units of general education at the baccalaureate level from an institution accredited by an agency recognized by the U.S. Secretary of Education, or an equivalent International entity. Sent directly to Daoist Tradition from the institution.
- □ 8. Applicants for dual enrollment must have fulfilled specific prerequisites in biology and psychology. These prerequisites may be met by one of the following means:
  - Completion of courses in undergraduate education. Transcripts must be sent directly to Daoist Traditions from the institution;
  - Completion of College-level Examination Placement (CLEP) or American Council on Education (ACE) credit courses with the minimum credit-granting scores achieved. Scores must be sent directly to Daoist Traditions from the College Board; or
  - Completion of the following professional-level certificate courses, via coursera.org, a massive open online course (MOOC) provider: The Little Stuff Energy, Cells and Genetics (University of Colorado Boulder) and Introduction to Psychology (Yale University). Certificates of completion/transcripts must be forwarded to Daoist Traditions

□ 9. Letter of reference from a person with whom you have a professional relationship, ie: employer/teacher. Letter should address your ability to be effective in a professional setting, commitment to a personal endeavor, integrity, maturity level, and healing presence. Sent directly to Daoist Traditions from the reference.  □ 10. Proof of immunizations — due within 30 days of enrollment.  □ 11. English Language Competency Exam scores (if applicable)
Master of Acupuncture and Herbal Medicine (MAHM) Program
□ 1. Completed Application form
□ 2. Current 2x2 passport photo (please do not use photo of your actual passport)
□ 3. Copy of valid driver's license or other government issued photo identification
□ 4. Admissions Essay of 750-1000 words: Tell us how you became interested in Chinese Medicine. What do you feel are the most important qualities in being a healthcare practitioner? What are your professional goals upon completion of
the program? Essays are evaluated based on content and standard writing conventions.
□ 5. Current curriculum vitae (CV)
□ 6. \$100.00 non-refundable application fee
$\Box$ 7. Official college transcripts: minimum of two years and 60 semester credits or 90 quarter units of general education at the baccalaureate level from an institution accredited by an agency recognized by the U.S. Secretary of Education, or an equivalent International entity. Sent directly to Daoist Tradition from the institution.
□ 8. Letter of reference from a person with whom you have a professional relationship, e.g. employer/teacher. Letter
should address your ability to be effective in a professional setting, commitment to personal endeavors, integrity, maturity
level, and healing presence. Sent directly to Daoist Traditions from the reference.
□ 9. Proof of immunizations – <i>due within 30 days of enrollment</i> .
□ 10. English Language Competency Exam scores (if applicable)
<b>Transfer Applicants (transferring from a CM/acupuncture college)</b> Applicants who would like to transfer previous Chinese medicine education must submit the following materials, in addition to the application materials for the program of study:
□ Syllabi outlining the course content for each course you wish to transfer. Weblink can be provided.
□ Your letter of reference should be from a previous CM/acupuncture instructor.
International Applicants - must apply by May 1 for enrollment in the fall semester. Daoist Traditions is authorized under Federal law to enroll nonimmigrant alien F-1 students into the Master of Acupuncture and Herbal Medicine (MAHM) program. In addition to the application materials for the program of study, please submit the following items and complete all pages of this application.
□ A photocopy of the first page of your passport (also dependents, if applicable)
☐ Foreign language transcript translation and evaluation by WES ( <u>wes.org</u> ) or other NACES agency ( <u>naces.org</u> )
□ Proof of medical insurance
<ul> <li>□ Required Immunizations with TB Test (See website for vaccination form and list of required tests)</li> <li>□ English Language Competency Exam scores (if applicable)</li> </ul>
□ Additional \$50.00 non-refundable processing fee
International applicants currently studying in the U.S. must also submit the following:
□ A photocopy of all previous I-20 forms (also dependents, if applicable)
☐ A photocopy of the I-94, front and back
□ International Student Transfer Release form (applicable only after acceptance to Daoist Traditions)

Daoist Traditions College of Chinese Medical Arts, its master's-level program in Classical Chinese medicine (MAHM), professional doctoral program (DAHM), and certificate in Chinese herbal medicine program (CCHM) are accredited by the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM). Institution/program accreditation history, notes, and dates of review may be viewed at: http://acahm.org/directory-menu/directory. ACAHM is recognized by the United States Department of Education as the specialized accreditation agency for institutions/programs preparing acupuncture and Oriental medicine practitioners. ACAHM is located at 8941 Aztec Drive, Eden Prairie, Minnesota 55347; phone 952/212-2434; fax 952/657-7068; www.acahm.org. The UNC Board of Governors has issued licenses for Daoist Traditions to offer the MAHM and DAHM programs.



# **Application for Admission**

Master of Acupuncture and Herbal Medicine (MAHM) and Dual (MAHM/DAHM) Programs

Student type (check all that apply): 

MAHM/DAHM 
MAHM Only 
Transfer Applicant 
International Applicant

Applicant Name: (last, first, middle)		
Preferred Name: Social Security #:		
Mailing Address For school correspondence	C+a+o.	7in:
Street:	State	zıp
Email:		
Education		
College/University:		
College/University:		
If no degree was awarded, please indicate the approximate number of credits earned	d:	
College/University:		
Degree(s): Dates Attended:		
If no degree was awarded, please indicate the approximate number of credits earned		
Present Occupation		
Relevant Community Service Experience or Extracurricular Activities		
How do you plan to pay for tuition?  Savings Employment Federal Financial Aid (available to qualifying student: Vocational Rehabilitation Veterans Benefits Family Member Other  Ethnic information (U.S. Citizens only, for government statistical purposes) White/Non-Hispanic African American/Black Hispanic/Latino Asian Native American/Alaskan Native Hawaiian/Pacific Islander Two or more reasonables.		
Have you ever had a license, certificate, or credential revoked or suspended? $\ \square\ Y \in \mathbb{R}$	es 🗆 No	
Have you ever been convicted of a felony? ☐ Yes ☐ No		
If yes, please attach written information describing the circumstances. <i>Please note: T.</i>	he NCCAOM and	state licensina agencies
have specific policies regarding applicants who have disciplinary actions and/or crimin		
In case of emergency, notify:		
· , ,		
Name:		
English Language Competency: All applicants must demonstrate English language co		
Which of the following have you completed? Check all that apply.		
□ four years at a U.S. high school demonstrably delivered in English;		
$\hfill\Box$ at least two years (60 semester/90 quarter credits) of undergraduate or graduate-l	evel education in	an institution accredited
by an agency recognized by the U.S. Secretary of Education;		
$\hfill \square$ at least two years (60 semester/90 quarter credits) of undergraduate or graduate-least two	evel education de	elivered in English;
$\hfill \square$ high school or two years (60 semester/90 quarter credits) of undergraduate- or graduate-	iduate level educa	ation in an institution in
one of the following countries or territories: American Samoa; Anguilla; Antigua $\&\ Ba$		
Belize; Bermuda; Botswana; British Virgin Islands; Cameroon; Canada (except Quebec Islands; Dominica; Federated States of Micronesia; Fiji; The Gambia; Ghana; Gibraltar Man; Jamaica; Kenya; Lesotho; Liberia; Malawi; Montserrat; Namibia; New Zealand; I Philippines; Pitcairn Islands; Sierra Leone; Singapore; South Africa; South Sudan; St. H	r; Grenada; Guam Nigeria; Norfolk Is	; Guyana; Ireland; Isle of sland; Papua New Guinea

isianus; Uganua; Z	ambia; zimbabwe.			
<ul><li>□ Test of English a</li><li>□ International En</li><li>□ China Standard</li></ul>	write English fluently?   s a Foreign Language (TOEFL) glish Language Test (IELTS) of English Language (CSE) ean Framework Ref (CEFR) English (PTE)	□ Cambridge First □ Duolingo English	Certificate in English (FCE) h Test ish Advanced (CAE)	of the following:
Scores must be sui	bmitted with your application pac	ket.		
I hereby certify the dismissal.	at all information provided is accu	rate and complete. I unde	erstand my misrepresentatio	n may be grounds foi
→ Applicant Signa	ature:		Date:	
How did you hear	about Daoist Traditions? Check	all that apply.		
□ DT Student	□ DT Clinic □ Acupuncto	urist/Health Professional	□ Jeffrey Yuen Classes	
□ Print Ad	□ Local Awareness □ General O	M/Healthcare Research	□ Open House Event	
☐ Specific referral	source:			

Vincent & the Grenadines; Swaziland; Tanzania; Trinidad and Tobago; Turks and Caicos Islands; United Kingdom; U.S. Virgin

Please mail your application and other documents to:
Daoist Traditions College, Admissions Office, 382 Montford Avenue, Asheville NC 28801



# Section for International Applicants Only

Student Name:		<u>-</u>		
Address to mail SEVIS I-2	ا Form (if different from	permanent address):		
Stroot.		City:	7in:	
Country:	Province/State	City: Countr	y of Citizenship	
Do you need a student vi	sa? □ Yes □ No	old?		
		this application? $\square$ No $\square$ Yes n dependent. List the dependents yo	u wish to include.	
Last (Family) Name	First Name	Date (m/d/y) & Country of Birth	Citizenship Relationship	
Additional emergency co	ntact person in the U.S. (r	required):		
Namo		Polationship		
Phone:	Fmail	Relationship: :		
Address:				
City:		Postal Code:		
Sources of Financial Supp	oort			
		our guarantor's bank(s) verifying fur		
•	_	r academic and living expenses for t	•	
		davit of Support form with supporti	ng documents) is required from any	
U.S. sponsor. Complete t	ne appropriate section(s)	below, including signatures.		
Section A - Myself as a P	rincipal Sponsor:			
l,		_, certify that I will take full financia	l responsibility, including	
educational and living ex Describe the source:	penses, for myself while I	am enrolled at Daoist Traditions.		
The total amount of \$		per year is guaranteed fo	r up to 4 years.	
Name of Bank:				
Section B - Parent as a Pi				
		ertify that I will take full financial re		
and living expenses, for _		(applicant) while he/she is enrolled at DT.		
The applicant is my		(relationship to applic	ant).	
The total amount of \$ Name of Bank:		per year is guaranteed fo	r up to 4 years.	
Address:		City:	Country:	
		Phone:		
		Date:		
Section C - Sponsor othe	r than Parent:			
l,	, (	ertify that I will take full financial re	sponsibility, including educational	
and living expenses, for _		(applicant) while he/she is en	olled at DT. The applicant is my	
		ationship to applicant).		
		per year is guaranteed fo	r up to 4 years.	
Name of Bank:				

Address:	City:	Country:		
Email:	Phone:			
Sponsor's Signature:		Date:		
Section D - Other Sources:				
Name & Address of Agency:				
Contact Person:	Fax:	Email:		
The total amount of \$	is guaranteed from	to		
Section E - Funds from a Combina	tion of Sources			
\$ \$ \$	from personal savings			
\$	from parent			
\$	from sponsor other than parent			
\$	from other sources (describe)			
\$	Total must be equal or greater than total expenses listed above			
	ponsor dated no more than 3 months	om the applicant's and/or guarantor's bank(s) or old at the time we receive it. Photocopied, faxed		
I hereby certify that all information p	provided is accurate and complete. I und	erstand my misrepresentation may be grounds for		
→ International Applicant Signatu	re:	Date:		

Please mail your application and other documents to:
Daoist Traditions College, Admissions Office, 382 Montford Avenue, Asheville NC 28801