



Daoist Traditions
College of Chinese Medical Arts

Application for Admission

Certificate in Chinese Herbal Medicine (CCHM) Program

382 Montford Avenue • Asheville NC 28801
828.225.3993 phone • 828.255.3306 fax
www.daoisttraditions.edu

CCHM Program - Application Checklist

1. Application for admission with \$75.00 non-refundable application fee
2. 700-1000 word essay answering the following questions:
Why do you want to study Chinese herbal medicine? How do you see the addition of herbal medicine enhancing your ability to help your patients? Essays evaluated based on content and standard writing conventions.
3. Copy of valid driver's license or other government issued photo identification.
4. Current 2x2 passport photo (please do not use photo of your actual passport)
5. Official college transcripts of your highest postsecondary degree showing at least 60 semester credits/90 quarter units. *Sent directly to Daoist Traditions from the institution.*
6. Official transcript showing completion of, or current enrollment in, an ACAOM accredited/pre-accredited master's level acupuncture program. *Sent directly to Daoist Traditions from the institution.*
7. Photocopy of current acupuncture license (if applicable)
8. Photocopy of current NCCAOM certification (if applicable)
9. Current curriculum vitae (CV)
10. Letter of reference from a person with whom you have a professional relationship, i.e. employer/teacher addressing 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.*
11. Proof of current immunizations – *due within 30 days of enrollment.*

Application for Admission

CCHM Program

I am applying for the _____ academic year.

Applicant Name: (last, first, middle) _____

Preferred Name: _____

Date of Birth: _____ **Social Security #:** _____

Mailing Address *For school correspondence*

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am NCCAOM certified in acupuncture Yes No Certification date: _____

I am a licensed acupuncturist Yes No License Number: _____ State: _____

I am currently practicing Chinese medicine Yes No Years in practice: _____

Practice name and location: _____

Acupuncture and Chinese Medicine Education

College/University: _____

Degree(s): _____ Graduation Date: _____

If you are currently enrolled, what is your expected graduation date? _____

Highest Degree Postsecondary Education

College/University: _____

Degree(s): _____ Dates Attended: _____

If no degree was awarded, please indicate the approximate number of credits earned: _____

How do you plan to pay for tuition?

- Savings Employment Federal Financial Aid
 Vocational Rehabilitation Veterans Benefits Family Member Other

Ethnic information (U.S. Citizens only, for government statistical purposes)

- Asian Hispanic/Latino American Indian or Alaska Native Black or African American
 White Two or more races Race/ethnicity unknown Native Hawaiian or Other Pacific Islander

Have you ever had a license, certificate, or credential revoked or suspended? Yes No

If yes, please attach an explanation of the circumstances.

Have you ever been convicted of a felony? Yes No

If yes, please attach an explanation of the circumstances.

In case of emergency, notify: Name: _____ Relationship: _____

Phone: _____ Address: _____

I hereby certify that all information provided is accurate and complete.

→ **Applicant Signature:** _____ **Date:** _____

How did you hear about Daoist Traditions CCHM program? Check all that apply.

- DT Student DT Clinic Jeffrey Yuen Classes Acupuncturist/Health Professional
 Print Ad Local Awareness Open House Event General OM/Healthcare Research
 Please share your specific referral source: _____