



## **Application for Admission**

### **Certificate in Chinese Herbal Medicine (CCHM)**

I am applying for the \_\_\_\_\_ Academic Year

**Full Legal Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Home Mobile

**Emergency Contact:** \_\_\_\_\_  
Name Relationship Phone

**Ethnic information (for statistical purposes only):**  White/Non-Hispanic  African-American/Black  Hispanic/Latino  Asian  Native American/Alaskan Native  Hawaiian/Pacific Islander  Two or more races  Ethnicity Unknown

I am a Licensed Acupuncturist. License Number: \_\_\_\_\_ State: \_\_\_\_\_ Year of Licensure: \_\_\_\_\_  
 I am an NCCAOM Diplomate. Year of Certification: \_\_\_\_\_

List all college/universities where you have taken classes, beginning with the current or most recent.

**Name of Institution Location Dates Attended Degree Sought Date Degree Received** (no abbreviations) (city, state) (mo/yr-mo/yr) (mo/yr)

**How did you hear about the Certificate in Chinese Herbal Medicine program?**

• DT Student • Local awareness • Acupuncturist • CEU classes • Print ad or mailing • Daoist Traditions' website

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

*If yes, please attach written information describing the circumstances.*

**Have you ever been convicted of a felony?**  Yes  No

*If yes, please attach written information describing the circumstances.*

**The following are required to complete your application:**

1. Completed application form;
2. Copy of valid driver's license or other government issued photo identification;
3. Official transcript of your highest postsecondary degree (mailed directly to Daoist Traditions from institution) showing completion at least 60 semester credits/90 quarter units;
4. Official transcript of your acupuncture/OM education (mailed directly to Daoist Traditions from institution);
5. Photocopy of acupuncture license and/or NCCAOM certificate, if completed;
6. Letter of reference from a professional contact (ie: employer/teacher) mailed directly to Daoist Traditions; and 7. \$75.00 non-refundable application fee.
8. Proof of immunizations - due within 30 days of enrollment.

*I hereby certify that all information provided is accurate and complete. I understand that completion of this application does not constitute admission to Daoist Traditions.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Application materials should be mailed to: **Daoist Traditions College of Chinese Medical Arts, 382 Montford Avenue, Asheville NC 28801**