

American College of Traditional Chinese Medicine Doctorate Degree Application

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 _____ Country of Citizenship _____

(city, state, country)

Current Occupation _____

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.)

Are you a U.S. Military Veteran? Yes No If Yes, date of enlistment _____ Discharge date _____

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 _____

Areas of Focus

Students have the option to focus their clinical internship in one, or both, specialty areas. Please check which area(s) you are most interested in pursuing TCM Gynecology TCM Pain Management

International Applicants Only

What type of Visa do you hold? _____

Have you studied in an English language program in the United States? Yes No

If yes, where? _____

Have you taken the Test of English as a Foreign Language (TOEFL)? No Yes Test score _____ Date taken _____

International applicants must submit the following additional information:

- Certificate of Finances – original from financial institution
- Proof of Health Insurance in the United States
- Transcript Evaluations – must be sent directly to a member of the National Association of Credential Evaluation Services (NACES)

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 ACTCM | <input type="checkbox"/> Print Advertisement | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Clinic Newspaper/Magazine | <input type="checkbox"/> ACTCM website | <input type="checkbox"/> Open House |
| <input type="checkbox"/> ACTCM Alumni | <input type="checkbox"/> article Internet Search | <input type="checkbox"/> Health Fair | <input type="checkbox"/> Introductory Class |
| <input type="checkbox"/> ACTCM Student | <input type="checkbox"/> Engine | <input type="checkbox"/> Graduate Fair | <input type="checkbox"/> Other _____ |

What were the most important factors in your decision to apply to ACTCM?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Size of Student Body | <input type="checkbox"/> Cost of Tuition/Fees | <input type="checkbox"/> Interaction with Admissions Office |
| <input type="checkbox"/> Personal Recommendation | <input type="checkbox"/> Location in San Francisco | <input type="checkbox"/> Visit to campus | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clinical Opportunities | <input type="checkbox"/> Cost of Living | <input type="checkbox"/> Areas of Specialization | |

Please indicate which other TCM doctoral programs you have considered (Optional): _____

Educational History

Please list ALL colleges and universities attended with the most recent first. The Admissions Office requires official transcripts from each institution sent directly to ACTCM.

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

Please list all college awards and honors received. Please attach an additional page, if necessary.

Professional Health Care Licenses or Certifications:

License Type	Issuing Agency	Date Issued	Expiration Date

Have you ever been dismissed from a college, graduate or professional school for any reason? Yes No

If yes, please explain: _____

Previous and Current Clinical Practice

Please list your work experience, including self-employment, in the field of acupuncture and Oriental medicine.

Dates Employed	Number of Hours Worked Per Week	Numbers of Patients Seen Per Week

Financial & Legal Information

How do you plan to finance your education at ACTCM? (Please note, Federal Financial Aid is not currently available for the DAOM program.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Private Loans | <input type="checkbox"/> Employment | <input type="checkbox"/> Employer Tuition Assistance |
| <input type="checkbox"/> Personal Savings | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Parents/Family | <input type="checkbox"/> Grants/Scholarships | <input type="checkbox"/> Other _____ |

If you are planning to work while attending school, how many hours will you work per week? _____

Have you ever declared bankruptcy? Yes No

Have you ever defaulted on a loan? Yes No

Do you currently have outstanding student loans? Yes No If yes, what is the total amount owed? \$ _____

To the best of your knowledge, have you ever received an unfavorable credit rating? Yes No

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 matriculation at ACTCM, I will notify the Admissions Office. I understand that failure to do so may result in withdrawal of my application and/or the offer of admission. If accepted, I agree to abide by all rules and regulations in effect during my enrollment. I understand that submission of fraudulent documents, misrepresentation or deliberate omission of any relevant information in the application process shall be cause for rejection of the candidate, or, if enrolled, revocation of admission retroactive to the date of admission. I understand that the Application Fee covers the cost of processing an application and that the fee is not refundable for any reason. ACTCM reserves the right, without notice, to modify the requirements for admission or graduation; to change the arrangement or content of courses, the instructional materials used, the tuition and other fees; to alter any regulations affecting the student body; to refuse admission or readmission to any student at any time; or to dismiss any student at any time.

Signature _____

Date _____

For ACTCM Admissions Office Use Only

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

Admissions Committee Decision

- Admit
 Conditionally Admit
 Deny

Signature _____ Date _____

Supplemental Information

Professional Resume/Curriculum Vitae

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

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

Case Study

General information: 38 year-old male

Chief complaints: insomnia and palpitations for two (2) years

History of present illness: the patient has been suffering from insomnia and palpitations for the past 2 years. He also has other symptoms such as being irritable, has hot flashes and abnormal sweats, has blurred vision and is thirsty. Recently, the patient has had recurrent canker sores, a dry cough and frequent urination with burning sensations. He also experiences sexual dysfunction characterized with premature ejaculation. His appetite is good, but recently he tends to be constipated.

Tongue: red body and tip with thin, yellow and dry coat

Pulse: rapid, bowstring with strength, weak in Chi positions

Physical examination: red eyes and complexion with moist skin. He is a talkative person with a tendency to exaggerate. He is also agitated and hyperactive.

Please answer the following areas in depth. Your response should be no less than 2 pages and no more than 5 pages. Case studies need to be typed and double spaced.

- Diagnosis
- Treatment Principle
- Acupuncture points and specific techniques
- Herbal formula and modification
- Other recommendation

Personal Statement

Please submit a typed, double-spaced essay of approximately 500 words in response to the following question. Include your name on all pages, and attach your essay to this Application.

- 1) Discuss the personal and professional reasons that have led you to pursue a doctorate degree in Acupuncture and Oriental Medicine.
- 2) Why do you wish to study at ACTCM specifically?
- 3) What do you hope to learn/gain from this experience, both personally and professionally?

Letters of Recommendation

Please list below the names and affiliations of two individuals from whom you have requested letters of recommendation. These should be individuals who have been teachers, mentors, supervisors or other professionals (other than relatives and friends) who can comment on your ability to succeed within the DAOM program.

Name _____ Organization _____

Name _____ Organization _____

Application Checklist Information

Use this checklist to confirm that each required item has been sent to the ACTCM Office of Admissions. All documents become the property of the American College of Traditional Chinese Medicine.

- Completed Application for Admission
- Case Study
- (2) Letters of Recommendation
- Current Resume/CV
- Personal Statement
- Official Academic Transcripts (Sealed and sent directly from Institution)
- (2) Passport-sized photos for Student I.D.
- Non-refundable Application Fee:
 - \$75 US residents/\$125 International – Early Application Fee
 - \$125 US residents/\$175 International – Regular Application Fee

Please mail or deliver all application materials to:

American College of Traditional Chinese Medicine
c/o Office of Admissions
455 Arkansas Street
San Francisco, CA 94107