



382 Montford Avenue Asheville NC 28801
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www.daoisttraditions.com

**Application for Admission
Oriental Medicine Program**

I am applying for the _____ academic year
Semester: Fall Spring

Applicant Name (last, first, middle) _____

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

Address (for school correspondence)

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

PLEASE
ATTACH
PHOTOS
HERE

Education

College/University: _____

Degree(s): _____ Dates Attended: _____

College/University: _____

Degree(s): _____ Dates Attended: _____

Do you have any previous training in:

Acupuncture Massage/Bodywork Chinese Herbal Medicine Tai Chi/ Qi Gong

Do you wish to transfer any of your previous education into this program? Yes No

If yes, see catalog for policies, procedures, and fees.

Work Experience

Present Occupation _____ From: _____ To: _____

Previous Occupation _____ From: _____ To: _____

Do you have any work experience in the healthcare professions? Yes No

If yes, please describe job(s) and training: _____

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

If yes, please attach written information describing the circumstances.

How do you expect to pay for tuition?

- Savings Employment Family Member Financial Aid Other

If tuition is coming from sources other than savings or employment, please complete:

Person(s) or agency paying tuition: _____

Address: _____ Phone: _____

Ethnic information is for statistical purposes only.

- White non-Hispanic African-American/Black Hispanic
 Asian or Pacific Islander American Indian/Alaskan Native

In case of emergency, notify:

Name: _____ Relationship: _____

Phone: _____ Address: _____

Applicants must submit:

1. Completed application form
2. Two current, full face passport size photos
3. Copy of valid photo identification (drivers license or passport)
4. One letter of reference mailed directly to Daoist Traditions
5. Official college transcripts *mailed directly to Daoist Traditions from the institution*
6. Admissions Essay. Please address the following:
 - Tell us about yourself and how you became interested in Oriental Medicine.
 - Why did you choose to apply to our program?
 - How will this program help you achieve your career goals?
 - What do you feel are the most important qualities in being a good practitioner?
7. Résumé (optional)
8. \$75.00 non-refundable processing fee
9. \$100.00 transfer credit fee (if applicable)

I hereby certify that all information provided is accurate and complete. I understand my misrepresentation may be grounds for dismissal.

Applicant Signature: _____ **Date:** _____

You will be notified of the status of your application and an interview with members of the Admissions Committee will be scheduled once your completed application materials have been received. Daoist Traditions reserves the right to deny entrance to any applicant.

<p>For Office Use</p> <p>Date of interview(s): _____</p> <p>Interviewed by: _____</p> <p>Admissions Decision: <input type="checkbox"/> Early Decision Accepted <input type="checkbox"/> Early Decision Denied <input type="checkbox"/> Accepted <input type="checkbox"/> Denied Date: _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>
