## **APPLICATION FOR ADMISSION**

Program Applied:	□ Full time	□ Part time	
<ul> <li>Acupuncture Diploma (2260h)</li> <li>Practitioner of Traditional Chinese Medicine (3060h)</li> <li>Advanced Traditional Chinese Medicine Diploma (4220h)</li> <li>Continuing Education</li> </ul>		<ul> <li>Acupuncture Certificate (450h)</li> <li>Herbal Medicine Certificate (360h)</li> <li>Tuina Massage Certificate (420h)</li> <li>Other</li> </ul>	For your Picture
Start time:  □ September	□ January □ May	Year:	
Personal Information:			
Legal Name:		Preferred Name:	
Last	First	Middle	
☐ Male ☐ Female Dat	e of Birth: / / Day Month	Year	
Address:	Duy Mondi	100	
House No. Street Name	(Unit No.) City	Province Country Po	ostal Code
Phone: (Cell) ( )	(Home) ( )	Email:	
Education: College/University/Institute	Major	Dates attended From: M/Y to: M/Y	Degree or Diploma
Working Experience:		N. sultan e Conserva	
Present occupation		Number of years	
revious occupation Number of years			
<b>TCM related training:</b> (List Institute, instructor and length of the course taken).			
Chinese Herbal Medicine			
Personal Interests other than occupational:			

Please send in the completed application form, together with other required documents and a \$113.00 (\$226.00 for international applicants) non-refundable application fee payable to "Toronto School of Traditional Chinese Medicine" to the school for review. Application will not be considered unless all documents are received.

## **Application Certification**

Enclosed is my non-refundable Application Fee. I certify that the information provided on this application is accurate and complete. If I am accepted by TSTCM, I agree to abide by all rules and policies of the School.

\_\_\_\_\_

Applicant's Signature

How did you find out about Toronto School of Traditional Chinese Medicine?

Date \_\_\_\_\_