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KAMPO: JAPANESE HERBALISM PROGRAM

Advanced Post-Graduate Training Program in Kampo

APPLICATION FORM

NAME:	DATE OF BIRTH:	
ADDRESS:	CITY:	
PROVINCE:	_ POSTAL CODE:	COUNTRY:
EMAIL:	TELEPHONE:	
GRADUATION DATE:	PROGRAM:	
LIST ANY PREVIOUS TRADITIONAL CHINESE MEDICINE TRAINING:		
THIS SECTION: PROFESSIONAL PRACTITIONERS ONLY		
THIS SECTION. PROFESSIO	DNAL PRACTITIONERS ONL	-1
LICENCE NUMBER:	YEARS IN P	RACTICE:
LICENSING BODY:		

PLEASE ATTACH TO THIS DOCUMENT:

• COPY OF VALID PROFESSIONAL LICENCE (Students without a licence but nearing the completion of their East Asian Herbal Medicine program are also welcome to apply, please call 416-323-1818 ext. 202.)

