



Canadian College of Acupuncture and Traditional Chinese Medicine
1306 Bedford Highway, Bedford, N.S., B4A 1C8
Tel: (902) 832-6628 Fax: (902) 832-3500
Email: ccatcm@gmail.com

Program Application Form

Application Date: ____/____/____

New Student() Other()

Program Applying For: _____

Program Start Date: _____

1. **Personal Information** () Mr () Mrs () Miss () Ms

First Name: _____ Middle Name: _____ Last Name: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____

Email: _____ Citizenship: _____ Date of Birth: _____

Home Address: _____

Occupation: _____

Emergency Contact: _____ Contact Information: _____

2. **Education** List secondary school and post secondary education and training institutions in complementary medicine, particularly in TCM and Acupuncture. Please send copies of official transcripts and/or certificates. (Additional entries may be submitted on a separate page entitled **Education**)

Name of Post-Secondary and/or training Institution (do not abbreviate) _____

Province/State _____ From _____ To _____

Certificate/Degree/Diploma Earned _____

Area of Study _____

3. **Personal Essay** On a separate page please discuss the processes and experiences that have led you to want to study TCM and Acupuncture (approx. 200-500 words).

4. **Work Experience:** Do you have any related experience in Natural Medicine (TCM, Acupuncture, etc.)

Name of Work Place _____

Province/State _____ From _____ To _____

Position _____

5. **Associations:** If applicable, list certificates in the Healing Arts and licenses from federal, provincial, or peer group agencies/associations.

Name of Agency/Association _____

Number (Registration/License) _____

Title _____

(Further additions may be submitted on a separate page entitled **Associations**)

6. **Health**

a) Are there any accommodations that we need to be aware of for you to participate in this program at CCATCM?

7. **SHORT ANSWER.** Please provide answers on a separate page (100-300 words).

a) Why do you wish to attend CCATCM? What will you contribute to the Canadian College of Acupuncture and Traditional Chinese Medicine's learning environment?

b) What do you feel are the most important qualities of a healer?

8. **Funding.** Do you intend to have a 3rd party fund you? Yes ___ No ___ Details

9. **How did you hear about our college?**

() Word of mouth () Internet () Publication (Name) _____

() Yellow Pages () Referral (by whom) _____ () Street Sign () Other _____

A COMPLETE APPLICATION CONTAINS:

- Completed and signed application form, including items 1-9
- Copies of relevant transcripts from educational institutions attended
- Copies of relevant certificates, diplomas, licenses
- Two reference letters from people who have known you for at least 2 years
- Application fee - \$100 CAD (\$100 for international students), which is non-refundable and credited to the tuition
- Personal resume
- Two recent photographs (required only after acceptance)
- Successful admissions interview

Please send applications to:

ATTN: Admissions
CCATCM
1306 Bedford Hwy., Bedford, N.S.
B4A 1C8

Applicants are advised to familiarize themselves with the current College website. All fees, dates, terms and policies may be subject to change without notice.

All materials filed in support of this application become part of your permanent, confidential record at the CCATCM.

I HEREBY ATTEST THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OF MYSELF OR OF MY ACHIEVEMENTS MAY RESULT IN MY APPLICATION FOR ADMISSION BEING DISQUALIFIED.

Signed: _____

Dated: _____