

APPLICATION FOR ADMISSION

Name _____

Home Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Work _____ Cell _____

Birth Date _____ Gender _____ Citizenship _____ SSN# _____

EDUCATION

Accredited College/University	Dates Attended	Area of Study	Degree	Date Received	Other

Describe any previous study of acupuncture _____

Is English your first language? _____. Please be aware that all instruction is in English. English language competency is required of all students seeking admission to the program. This may be satisfied by scoring at least 61 on the Test of English as a Foreign Language (TOEFL) Internet based test (iBT) which also requires a minimum speaking exam score of 26 and a minimum listening exam score of 22, or a level 6 on the International English Language Testing System (IELTS) exam.

PROFESSIONAL BACKGROUND (from present to past)

Place of Employment	Dates Employed	Position/Title

Present Occupation _____

Do you have any current professional license or certificate in the healing arts from a state agency? No Yes
Please specify _____

How were you referred to the school? _____

How do you plan to finance your acupuncture education? _____

How do you plan to make the time needed for home study (point location, pulses, etc.)? At least 15– 20 hours per week is recommended.

MIDDLE WAY ACUPUNCTURE INSTITUTE

If you are currently working, what plans do you have for a transition to practicing acupuncture? _____

Describe your current state of health, physically and emotionally. _____

Disability? _____ Yes _____ No Describe _____

Race (Check one) (Optional) ___ White/Caucasian ___ Hispanic ___ Black/African American ___ Asian ___ Hawaiian/Pacific Islander
___ Multi-racial ___ Other

Yes, I have had an acupuncture treatment: Please describe your personal experience of what acupuncture treatment has been like for you. Please include information regarding the style (TCM, 5 Element, Japanese, etc) of acupuncture with which you were treated.

No, I have not had acupuncture treatment.
We strongly recommend acupuncture treatment before starting this program. Treatment is required while in school.

Describe any concerns or questions you have about the school and/or your ability to complete all the requirements of the program. _____

PLEASE USE ADDITIONAL PAPER AS NEEDED

In case of emergency, contact:

Name _____ Phone(s) _____

Address _____ Relationship _____

_____ **Enclosed with this form is a non-refundable \$100.00 registration fee and passport-size photo.**

I certify that the information provided on this application is accurate and true.

APPLICANT SIGNATURE

DATE SIGNED