

Attach
two small
photos here

Arizona School of Acupuncture and Oriental Medicine

4646 E. Fort Lowell Road, Suite 103, Tucson, Arizona, 85712

(520) 795-0787 (520) 795-5999 (Clinic) (520) 795-1481 (fax)



Application for Admissions

Application Fee Enclosed

New Student \$100 Ck# _____ Transfer Student \$150 Ck# _____ Special Student \$25 CK# _____

Program Applying for: M.Ac. M.Ac.O.M. ABT Certification Day Program Eve. Program

Personal Information: Social Security # _____ Male Female

(Last Name) (First Name) (Middle Initial)

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email Address _____

Marital Status: Married Single Divorced Widowed Age _____ Date of Birth _____

Country of Birth _____ Race (optional) Caucasian African American Asian
 Native American Hispanic Other: _____

In case of emergency, contact: _____ Phone # _____

Address _____ Relationship _____

Education (please state name if different from transcripts): _____

Post Secondary – Name of Institution, City/State, Dates Attended, Degree(s) Earned:

Healing Arts/Health Profession Education and Experience (use separate sheet if necessary):

Employment

 (please begin with most current):

Name of business, Position Held, City/State, Dates (from/to):

1. _____
2. _____
3. _____

How did you hear about us? _____

Physical/Mental/Conviction Questions:

Have you been diagnosed and/or treated for any mental/emotional or physical conditions, other than colds or minor injuries, in the last five years? Yes ____ No ____

If Yes, please explain on a separate sheet.

Have you ever been convicted of a felony or a misdemeanor, other than a traffic offense? Yes ____ No ____

If Yes, please explain on a separate sheet.

Will you be applying for financial aid? ____ Yes ____ No

If not, how do you plan to pay for your education? _____

The Admissions Application Process:

Please arrange for the following requirements to be met for the completion of your admission packet.

- Official transcripts from post secondary schools you have attended, documenting minimum of 60 Semester (90 Quarter) Credit Hours mailed directly to ASAOM.
- Letters of reference from two professionals or business people, not members of your family, who know you well.
- A statement from a physician stating that you are in good health and physically able to enter your intended profession.
- A letter from an acupuncturist indicating that you have had at least two acupuncture sessions in the last year.
- An application fee, payable to:
 ASAOM (\$100 fee for New Students, \$150 fee for Transfer Students, or \$25 fee for Special Students)
- A typed resume, outlining educational and professional development.
- A statement of at least 350 words giving:
 - your reason for starting this course of study;
 - your understanding of the commitment of time, money and dedication needed to succeed as a graduate student of acupuncture; and,
 - your career plans.
- Two small pictures – attached to the front of this application.
- Appointment with the Dean of Admissions for an admissions interview.

The information given in this application is correct to the best of my knowledge.

Signature

Date

Make a copy for yourself and mail this application, with a check with the appropriate fee, made out to **ASAOM**.

Mail to: ***Dean of Admissions:***

Arizona School of Acupuncture and Oriental Medicine
4646 E. Ft. Lowell Rd., Suite 103, Tucson, AZ 85712

For office use only:

Date rec'd: _____

By: _____



Notice of Non-discrimination

The Arizona School of Acupuncture and Oriental Medicine does not discriminate on the basis of race, age, religion, color, sex, national or ethnic origin, sexual orientation, marital status, or any other consideration not directly and substantially related to effective performance; and admits all students to all rights, privileges, programs and activities generally accorded or made available to students at the school.