

Institute of Clinical Acupuncture and Oriental Medicine

ADMISSION APPLICATION

Please Print or Type Legibly

Full Legal Name: Last _____ First _____ Middle _____

Date of Birth _____ [] Male [] Female Social Security # _____
mm/dd/yyyy US Citizen/Permanent Resident

Address:

Number/ Street/Apt. # _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Emergency Contact: Name _____ Phone # _____

[] Foreign Student Visa type _____ TOEFL test score _____ Date of testing _____

Have you ever declared bankruptcy? [] Yes [] No Have you ever defaulted on a loan? [] Yes [] No

Have you ever been convicted of any offense that might preclude you from receiving licensure? [] Yes [] No
If Yes, please explain and provide documentation.

ACADEMIC INFORMATION:

I want to enroll as of: [] Fall 20 ____ [] Spring 20 ____ [] Summer 20 ____ [] Full-time [] Part-time

EDUCATIONAL BACKGROUND:

Please list all accredited college or university you have attended. Official transcript must be sent directly to ICAOM.

Two academic years [with at least 60 semester or 90 quarter] units with a minimum of a 2.5 cumulative GPA of accredited college education [] Yes [] No

Name of College or University	Location (City, State, Country)	Dates Attended	Degrees (if any)	Credits

Have you ever been dismissed from a college/school for any reason? [] Yes [] No

How do you plan to finance your education at ICAOM: [] Loans [] Personal Savings [] Parents [] VA

All applicants must read and sign:

I certify that the information on this application completed by me is true and correct to the best of my knowledge. Providing fraudulent documents or misrepresentation of any information will result in expulsion from ICAOM. Acceptance into ICAOM is subjected to verification of records for authenticity. These documents become the property of the ICAOM and will not be returned to me or duplicated for my purposes.

I, the undersigned, agree if accepted, to abide by the policies, regulations and rules established by ICAOM.

Signature of Applicant

Printed Name of Applicant

Date

APPLICATION CHECKLIST:

- [] **APPLICATION & FEE:** Non-refundable application processing fee of US \$50.00 (\$150 Foreign students)
- [] **VALID PERSONAL IDENTIFICATION:** A copy of your current driver's license, State ID, or passport
- [] **PHOTOGRAPHS:** Two recent identical **OFFICIAL** passport photographs (print your name on the back of each photo)
- [] **CURRICULUM VITAE:** An up to date CV/Resume
- [] **STATEMENT OF LONG TERM PLANS:** A five hundred word typed statement about yourself including what experiences have led you to apply to ICAOM and your personal interests and future professional development.
- [] **PROFESSIONAL LICENSE OR CERTIFICATION IN HEALTH CARE** [if applicable]
- [] **CERTIFICATE OF TUBERCULOSIS CLEARANCE:** Exam dated within 12 months of expected enrollment
- [] **RECORDS OF IMMUNIZATIONS:** [exemptions born in 1957 or religious waiver, see admission policies.]

Students must have TB clearance before attending 1st day of class (Hawaii Law Title 11).

ALSO, send directly to: Institute of Clinical Acupuncture and Oriental Medicine
Office of the Registrar
100 N. Beretania St., #203 B
Honolulu, Hawaii 96817

- [] **OFFICIAL TRANSCRIPTS:** Sent directly from all colleges and universities attended. (2.5 cumulative GPA).
- [] **TWO LETTERS OF RECOMMENDATION:** Two letters of recommendation from healthcare professionals, teachers, and/or employers who can comment on the applicants ability to carry on graduate level work, complete the program in good standing, and contribute to the profession as a healthcare provider.

International/Foreign Students must submit additional documents for I-20/F-1 visa

- [] **Financial Support:** Recent bank letter with at least one year funding for tuition and living expenses.
- [] **Transcripts Evaluations:** Send directly from any organization member of the National Association of Credential Evaluation Services (NACES) such as American Association of Collegiate Registrars and Admission Officers (AACRAO) www.aacrao.org or World Education Services (WES) www.wes.org

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INFORMATION

PROVIDING THIS DATA IS VOLUNTARY. IT WILL BE KEPT CONFIDENTIAL.

The Institute of Clinical Acupuncture and Oriental Medicine prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.

Racial/Ethnicity: (please check one):

- [] American Indian/Alaskan Native: please specify tribal affiliation _____
- [] Black/African American (not of Hispanic origin)
- [] Latin American/Latino (including Cuban, Puerto Rican)
- [] Mexican/Mexican American
- [] Other Spanish/Spanish American
- [] Other Asian (Asian or Pacific Islander)
- [] Chinese/Chinese American
- [] East Indian/Pakistani
- [] Filipino/Philipino
- [] Japanese/Japanese American
- [] White/Caucasian (including the Middle East)