

INSTITUTE of TRADITIONAL MEDICINE

preserving and protecting the world's traditional medicines through education and training

APPLICATION FOR ADMISSION

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Applications are reviewed on an ongoing basis. Applicants are strongly urged to submit application materials as early as possible due to limited class size. Incomplete applications will not be considered.

Please contact ITM if you require any assistance with this application.

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Date of application: MM / DD / YYYY

PROGRAM CHOICE

- DOCTORAL DIPLOMA OF OM
- DIPLOMA OF ACUPUNCTURE
- DIPLOMA OF ACUPUNCTURE & OM
 - DIPLOMA OF HERBOLOGY
- DIPLOMA OF ASIAN BODY WORK THERAPY
- DIPLOMA OF TRADITIONAL ARTS

Enrollment Term:

- Fall (September) YYYY
- Winter (January) YYYY
- Spring/Summer (May) YYYY
- Other (Month) Year: YYYY
- Full-Time Part-Time

Please include 2
Passport size
recently taken photos

Personal Information

First Name: _____ Last Name: _____

Birth Date: _____ Gender: Female Male
 MM / DD / YYYY

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Telephone #: Home _____ Work: _____ Email Address: _____

Citizenship: Canadian Citizen Landed Immigrant Visa Student Other _____

Educational Background: List all formal academic training, including Secondary and Post Secondary Schools and Degrees (Include transcripts when applying).

<i>Dates Attended</i>	<i>School Name</i>	<i>Area of Study</i>	<i>Qualifications/Diploma/Degree Achieved</i>

Related Training: Indicate previous training in Chinese Medicine and/or related fields

<i>Dates of Training</i>	<i>Location/City</i>	<i>Type of Training, Instructor Name</i>	<i>Qualifications Achieved</i>

Work History: Indicate your work experience for the last five years

<i>Dates of Training</i>	<i>Location/City</i>	<i>Employer</i>	<i>Job Title, Responsibilities</i>

Financial Situation: Briefly explain how you will finance your tuition, books/material fees and support yourself while attending the program. Please indicate whether you are also applying for an ITM Scholarship.

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Additional Information:

Have you ever been convicted of any crime? <input type="radio"/> No <input type="radio"/> Yes (if yes, please include details)
Have you ever been diagnosed with any contagious diseases in the past two years? <input type="radio"/> No <input type="radio"/> Yes (if yes, please include details)

Emergency Contact Information:

Contact Name:	Relationship:	
Phone #: Home:	Work:	Email:

Two Letters of Recommendation: List the names of individuals from whom you have requested letters of recommendation. These can include teachers, employers, other professionals (excluding relatives) who can comment on your potential as a practitioner of traditional medicine and on your ability to succeed in the ITM program.

Name	Relationship
1.	
2.	

Personal Letter of Intent. On a separate page, please discuss the process and experiences that have led to your interest in studying and practicing Traditional Medicine. Please limit the essay to one page.

Please send complete applications (refer to Application Requirements Form for details) to:

**Institute of Traditional Medicine
553 Queen St. W. 2nd Floor
Toronto, Ontario, Canada M5V 2B6**

*All fees, terms, courses and policies are subject to change without notice.

An interview with the Director is required of all potential students interested in joining ITM Diploma Programs.

*All materials filed during this application process become part of your permanent, confidential record and are not returnable.

Incomplete applications will not be considered, so please check your application package and confirm that the following items accompany this application:

- Personal Letter of Intent
- Transcripts from post-secondary institutions
- Copies of Certificates, Diplomas, Degrees
- Two recent passport size photos
- Two referral letters
- International Students should also include copies of the TOEFL or other English Equivalency test result
- Application Fee - \$50 in Canadian Funds (\$100 for International Students) – Certified

Application Fee is non-refundable and must be included with this application form. Please indicate the form of payment enclosed: Certified Cheque Money Order Bank Draft

*All fees are payable to Institute of Traditional Medicine (ITM) in Canadian Funds Please do not send cash.

Declaration:

I hereby attest that all statements on this application form and enclosed documents are true and complete in all respects, and no relevant information has been withheld. I agree and abide by the rules and regulations of the Institute of Traditional Medicine.

Signature of Applicant

Date

Office Use Only

Comments on Application/Materials Received: