



I am applying for: Fall 20__ (September) Spring 20__ (January) Summer 20__ (May)

Personal Data



Legal Name (Last, First, Middle Initial) _____

Name on previous academic record, if different from above (Last, First, Middle Initial) _____

Present Address—Street _____

City _____ State _____ Zip _____

Permanent Address—Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Social Security # _____ Date of Birth (MM/DD/YY) _____

Student Type (check all that apply)

- U.S. Resident International Transfer Non-degree seeking

U.S. Citizens only: the US Government asks us to report on the ethnic composition of our student enrollment

- American Indian, Alaskan Native Hispanic Black Non-Hispanic
 White Non-Hispanic Asian or Pacific Islander Other _____

Gender: Female Male

International Students

Citizenship _____ Country of Birth _____

Do you need a student visa? Yes No

_____ If currently in the US, what type of visa do you hold?

Do you speak English fluently? Yes No

_____ List other languages spoken

TOEFL Yes No Score: _____ Date: _____

Education Attach additional pages as necessary

Acupuncture and Oriental Medicine College/University _____ Degrees _____

Address _____ Dates attended _____

College/University _____ Degrees _____

Address _____ Dates attended _____

Do you intend to transfer any previous DAOM-level education into this program? Yes No

If yes, please explain briefly: _____



Licensure, Certifications and Malpractice Insurance Please include copies

_____ Licensure State	_____ Initial Date	_____ Expiration Date	_____ Licensure State	_____ Initial Date	_____ Expiration Date
NCCAOM Certifications					
<input type="checkbox"/> Oriental Medicine	_____ Certification Date	_____ Expiration Date	<input type="checkbox"/> Acupuncture	_____ Certification Date	_____ Expiration Date
<input type="checkbox"/> Chinese Herbology	_____ Certification Date	_____ Expiration Date	<input type="checkbox"/> Asian Bodywork	_____ Certification Date	_____ Expiration Date
Malpractice Insurance					
_____ Malpractice Insurance Company	_____ Policy Period	_____ Limits of Liability	_____ Each Claim	_____ Aggregate	

AOM Practice Experience Please also include a resume

_____ Location (City, State)	_____ From	_____ To	_____ Location (City, State)	_____ From	_____ To
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PhD in China

Are you interested in the PhD in China opportunity? Yes No If yes, to which Chinese TCM University are you interested in applying?

Zhejiang Chinese Medical University Liaoning University of Traditional Chinese Medicine
 Tianjin University of Traditional Chinese Medicine Fujian University of Traditional Chinese Medicine

Financial Data

How do you plan to pay tuition? Annually Each Trimester Each Month

In Case of Emergency, Notify

_____ Name	_____ Relationship	
_____ Address—Street	_____ Phone	
_____ City	_____ State	_____ Zip

Application Checklist

Please see the Admissions section of the DAOM catalog for admissions procedures. To submit an application, please include:

- | | |
|---|---|
| <input type="checkbox"/> Completed application form | <input type="checkbox"/> An updated resume |
| <input type="checkbox"/> Typewritten one-page statement of purpose (Your statement of purpose should include information about your background, why you are interested in attending the DAOM program, and your plans after graduation.) | <input type="checkbox"/> One recent passport-style photograph |
| | <input type="checkbox"/> Copy of AOM diploma(s) |
| | <input type="checkbox"/> \$65 non-refundable deposit |

You will also need:

- Two letters of recommendation sent directly to Five Branches University San Jose Campus or to doctoral@fivebranches.edu
- Transcripts from all AOM and healthcare-related colleges/universities you have attended, sent directly to Five Branches San Jose Campus

Optional documents:

- Copies of CA pocket license, state licensure or national certifications
- Copy of valid malpractice insurance

International applicants: please refer to the International Application Supplement List for additional requirements.

I hereby certify that all of the information provided in my application package is accurate and true, and that I am the author of the attached Statement of Purpose.

_____ Applicant's Signature	_____ Date
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How did you first hear about Five Branches University? _____