

Donate my \$100 Application Fee to: **American Society of Acupuncturists**

PACIFIC COLLEGE OF ORIENTAL MEDICINE
7445 MISSION VALLEY ROAD, SUITE 105, SAN DIEGO, CA 92108 | (619) 574-6909 | (800) 729-0941

APPLICATION FOR ADMISSION

Transitional Doctor of Acupuncture (DAc)

Transitional Doctor of Acupuncture and Chinese Medicine (DACM)

Please complete (print clearly) and submit this form along with the \$100 non-refundable application fee.

All application information is confidential. All application materials, once submitted, are property of Pacific College of Oriental Medicine and cannot be returned to the applicant.

I am currently a(n): PCOM Faculty Member PCOM Alumnus/Alumna Non-PCOM Alumnus/Alumna

I intend to enroll as a: Part-Time Student Full-Time Student (12 units or more)

PERSONAL INFORMATION

Title: Mr. Mrs. Miss Ms. Social Security Number: _____

Name (Last, First, Middle): _____

Other Names Used: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Relative/Alternate Phone: _____ Fax, if available: _____

Email Address: _____

Employer/Organization: _____ Job Title/Position Held: _____

Date of Birth: _____ Age: _____

Sex*: Male Female

Race*: American Indian/Alaskan Native Asian/Pacific Islander Hispanic

Black Non-Hispanic White Non-Hispanic Other

Licensed: Yes No If yes, state(s) licensed in: _____ Years in practice: _____

**This information is requested for various state and federal reports.*

PRIOR EDUCATION (Attach extra sheet if needed)

NAME OF INSTITUTION	GRAD YEAR	DEGREE/DIPLOMA MAJOR	GPA

PROFESSIONAL PRACTICE STATEMENT

Please write a statement describing your professional practice including the number and type of patients treated weekly, any specialty if applicable, the number of hours worked per week, and any other information that would help the admission committee assess your readiness to contribute to Pacific's doctoral culture.

I hereby request to be considered for admission to the Pacific College of Oriental medicine doctoral program. I hereby state that all of the information given in this request is true and complete to the best of my knowledge. I understand that failure to give true and complete information may lead to denial of Admission, or future dismissal from the program.

APPLICANT'S SIGNATURE: _____ DATE: _____