



**Tai Sophia  
Institute**

**Post Master's  
Graduate Certificate  
Application for Admission**

7750 Montpelier Road, Laurel, MD 20723  
www.tai.edu 800-735-2968

**Women's Holistic Health Program      March 2012**

**Personal Information** (Please type or print legibly in ink)

Full Legal Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

County (if in MD) \_\_\_\_\_ Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Gender (check one)     female     male

Nickname \_\_\_\_\_

Other name(s) you have used in school(s) you have attended \_\_\_\_\_

**Emergency contact:** Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

**Ethnic origin** (optional; for statistical purposes only)

- American Indian/Alaskan Native
- Black/African American
- White/Caucasian
- Asian/Pacific Islander
- Hispanic
- Other

**Tai Sophia Institute Use Only**

Date Rec'd	App. Fee	Eligibility Letter	Database	Enroll Packet	Misc.

Have you ever been convicted of a criminal act? \_\_\_\_\_ If so, please explain on a separate sheet.

How were you referred to Tai Sophia Institute? (choose all applicable & explain)

Person:  graduate  student  staff/faculty  family/friend please provide name(s) \_\_\_\_\_

Advertisement:  Naturalhealers.com  www.tai.edu  Acupuncture Today

Organization:  Event (ex. workshop, fair)  Other

### Citizenship

Are you a United States Citizen?  Yes  No

#### Non-U.S. citizens only:

Country of citizenship \_\_\_\_\_ City and country of birth \_\_\_\_\_

What is your first language? \_\_\_\_\_ What type of U.S. visa do you currently hold? \_\_\_\_\_

Are you a permanent U.S. resident? \_\_\_\_\_ Alien # \_\_\_\_\_

What type of immigration status do you plan to hold while at Tai Sophia? \_\_\_\_\_

### Admissions Requirements

#### Admissions Eligibility Status

Please check your status from one of the following categories and, where requested, submit required supporting documentation.

- Graduate of Tai Sophia Institute's Master of Acupuncture program.

*Class (mo. / yr.)* \_\_\_\_\_ *Graduation Date (mo. / yr.)* \_\_\_\_\_

- Graduate of an acupuncture or Oriental medicine program that is accredited by or in candidacy with the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

*Name of school* \_\_\_\_\_ *Graduation date* \_\_\_\_\_

*Required supporting documentation: Official transcript from named ACAOM accredited/candidate institution*

**Application Signature**

I certify that the information I have provided is complete and accurate. I authorize Tai Sophia Institute to make reasonable inquiry as to the accuracy of information provided in this form. I understand that Tai Sophia Institute reserves the right to request additional information. I realize that the falsification of any information may be grounds for denial or dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Application Fee**

- I am enclosing a check or money order, made payable to Tai Sophia Institute.
- I authorize Tai Sophia Institute to charge an application fee of \$50 to the credit card below:

- Visa       MasterCard

Account number \_\_\_\_\_ CCV code \_\_\_\_\_

Expiration date (month/year) \_\_\_\_\_

Signature and date \_\_\_\_\_

Name on card (please print legibly) \_\_\_\_\_