



**Tai Sophia
Institute**

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

Application for Admission

Chinese Herb Graduate Certificate Program April 2011

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)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> 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 _____
- Organization _____
- www.tai.edu
- 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.) _____

Current student in Tai Sophia's Master of Acupuncture program.
Note: Enrollment is contingent upon a review of your current M.Ac. enrollment, financial status, and completion of the Chinese Herb Prep course (if you will not have completed Trimester 6 by April 2011).
 Class (mo. / yr.) _____

Current student or 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).
Note: Students currently enrolled at an ACAOM accredited/candidate school may be required to complete the Chinese Herb Prep Course offered January-February 2011. This requirement will be determined by a transcript review.
 Name of school _____ Graduation date _____
 Required supporting documentation: Official transcript from named ACAOM accredited/candidate institution

- Currently licensed acupuncturist in the U.S. who does not fall into any of the above categories.

Required supporting documentation:

- *Official transcript of your highest postsecondary degree*

School / degree: _____

- *Official transcript of your acupuncture education*

School / certification: _____

- *Copy of current license to practice acupuncture*

State: _____

- Professional healthcare provider currently licensed in the U.S. to practice acupuncture within the scope of a medical practice.

Required supporting documentation:

- *Official transcript of your highest postsecondary degree*

School / degree: _____

- *Official transcript of your acupuncture education*

School / certification: _____

- *Copy of current license to practice acupuncture*

State: _____

Health Requirements

The following items are required prior to starting the program:

- Documentation of a current tuberculosis skin test (PPD) or physician's documentation of a negative chest x-ray if PPD skin test is positive. To be kept current throughout the program.
- A completed "Hepatitis B Vaccination Form for Students" stating prior vaccination, declining vaccination, or indicating plan to receive vaccination. A Hepatitis B Information Packet and Form will be provided to students prior to the start of the program.

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 _____

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 \$75 for the Chinese Herb Program to the credit card below:

- Visa MasterCard

Account number _____ CCV code _____

Expiration date (month/year) _____

Signature and date _____

Name on card (please print legibly) _____