

ATLANTIC INSTITUTE OF ORIENTAL MEDICINE
 100 E Broward Blvd. Ste 100 • Ft. Lauderdale, FL 33301
 Phone: 954-763-9840 Website: www.atom.edu

For Office Use Only
 Spring _____
 Fall _____
 Winter _____
 Year _____

Application for Admission

Last Name	First Name	MI	-	Date of Birth
Address		City	State	Zip Code
E-Mail Address				
Social Security Number	Home Phone	Work Phone	Mobile	
Place of Birth	Citizen	Non-Citizen	Alien Reg. #	

POST-SECONDARY EDUCATION:

1. Name of School _____ State/Country _____
 Total Number of Credits _____ Degree/Certification _____ Graduation Date _____
2. Name of School _____ State/Country _____
 Total Number of Credits _____ Degree/Certification _____ Graduation Date _____
3. Name of School _____ State/Country _____
 Total Number of Credits _____ Degree/Certification _____ Graduation Date _____

PROFESSIONAL BACKGROUND OR CAREER EXPERIENCE:

Please list present employer and/or professional affiliations:

1. _____
2. _____

PLEASE LIST TWO REFERENCES (EXCLUDING FAMILY MEMBERS):

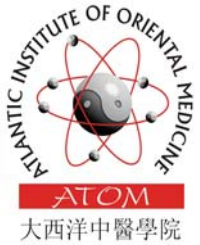
1. Name _____ Phone # _____
 Address _____ Apt _____ City _____ State _____ Zip _____
2. Name _____ Phone # _____
 Address _____ Apt _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION:

1. Name _____ Phone # _____
 Address _____ Apt _____ City _____ State _____ Zip _____
2. Name _____ Phone # _____
 Address _____ Apt _____ City _____ State _____ Zip _____

Which Session will you be applying for?

Winter _____ Spring _____ Fall _____



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THE FLORIDA BOARD OF ACUPUNCTURE PROHIBITS LICENSURE TO INDIVIDUALS WITH FELONY CONVICTIONS.

☉ Are you currently the subject of any criminal or disciplinary proceeding?

Yes _____ No _____

☉ Have you ever been convicted of a crime or charged with a violation of law which resulted in probations, community service, a jail sentence, or the revocation of your driver's license?

Yes _____ No _____

If you answered yes to either of the above questions, please submit a written statement explaining the circumstances to the Dean of Academics/President of ATOM for review before admission. You may be required to furnish the school with copies of all official documents explaining the proceedings. This information will be handled confidentially.

ADMISSIONS REQUIREMENTS:

- 1) All sealed, official college transcripts reflecting successful completion of 60+ semester credits; this must include 19 hours in four General Education/Liberal Arts subjects. All transcripts must be forwarded directly to the college:
 Atlantic Institute of Oriental Medicine
 Attn: Admissions Department
 100 E. Broward Blvd, Suite 100
 Fort Lauderdale, FL 33301
 - 2) Two Proofs of identification (i.e. Driver's license, social security card, alien registration card)
 - 3) Professional Resume
 - 4) Two letters of Recommendations (Excluding members of immediate family)
 - 5) A one page essay describing the reasons for pursuing the field of Oriental Medicine and your plan for meeting tuition payments.
 - 6) \$20 Application Fee (\$100 for International Students)
 - 7) Copies of professional licenses, certificates, diplomas, etc. *(Optional, but preferred)*
 - 8) *International Candidates must show the following:*
 - A. Visa permitting study in the United States for the full study term (3 years).
 - B. Score of at least 500 on the (TOEFL) Test of English as a Foreign Student.
 - 9) *Foreign credentials must be evaluated by a certified credentialing organization approved by ATOM:*
- ☉ All students must have reached their 18th birthday prior to starting classes.
- ☉ Upon receipt and review of all college transcripts, an interview will be scheduled with the President and the Dean of the college.

Historical Information

The following information is required by the State of Florida, except where listed as optional. Your answers have no bearing on whether you will be chosen for admission. Please mark the appropriate choice:

Gender (optional):	Male _____	Female _____	Age:	18-25 _____	26-44 _____	45 or older _____
Ethnicity (optional):	Hispanic: Black or White _____	Non-Hispanic: Black _____		Non-Hispanic: White _____		
	Asiatic or Pacific Islander _____	American Indian or Alaska Native _____				
Citizenship:	Florida Resident _____	Non-Florida Resident _____	Non-US _____ (country: _____)			

How did you hear about ATOM? _____

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge.

Candidate Signature _____ Date _____/_____/_____