



ATLANTIC INSTITUTE OF ORIENTAL MEDICINE

100 E Broward Blvd. Ste 100 • Ft. Lauderdale, FL 33301 • 954-763-9840 • Website: www.atom.edu

Please send your application and the \$100 processing fee to the address above

Application Form(International Students)

Please Type or Print the answers to the questions below

Applying for _____ Session, _____ (Spring or Fall) (Year)

- A. Name (Last, First Middle) Date of Birth
B. Street Address / City / State / Zip /Country
C. Social Security Number Place of Birth Home Phone Work Phone E:mail:
D. Post-Secondary Education: Name of School, Location, Total Semester Credits
E. Professional Background or Career Experience
F. Please note that a convicted felon cannot be licensed by the Florida Board of Acupuncture.
G. Please list names, addresses, and phone numbers of 2 references
H. In case of an emergency please contact ...
I. Information required by the State of Florida, except where listed as optional.

J. You are required to provide the materials below before we can process your application and an interview can be scheduled.

- 1) Proof of passing grades for 60+ semester credits
2) Picture Identification
3) Social Security Card
4) Brief Personal Resume
5) Two (2) Letters of Reference
6) One-page Essay
7) Optional, but preferred: Copies of professional licenses
8) International Candidates must show the following: A. Visa permitting study in the United States...

K. Your foreign address(detailed):

House Number : _____,

Street : _____,

City : _____,

Province /Sate: _____,

Postal /zip Code: _____,

Country : _____

Tel: _____

E-mail: _____

L. _____

Candidate signature

Date

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