

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

Doctor of Acupuncture and Oriental Medicine
Application for Admission
(International Students)

Attach recent
2x2 Passport
Style photo

PERSONAL INFORMATION:

Last Name	First Name	Middle	Date of Birth	Male / Female	
			/ /	Circle One	
Address		City	State	Zip Code	E-Mail Address
/ /		() -	() -	() -	
Social Security Number		Home Phone	Work Phone	Mobile	
Place of Birth	Citizen	Non-Citizen	Alien Registration #		

POST-SECONDARY EDUCATION:

- Name of Acupuncture and Oriental Medicine school attended _____
Address _____ State/Country _____
Total Number of Credits _____ Degree/Certification _____ Graduation Date _____
- Name of School _____ State/Country _____
Total Number of Credits _____ Degree/Certification _____ Graduation Date _____
- Name of School _____ State/Country _____
Total Number of Credits _____ Degree/Certification _____ Graduation Date _____

PROFESSIONAL BACKGROUND OR CAREER EXPERIENCE:

Acupuncture Physician License Number _____ Expiration Date _____ Active Inactive
Years of experience as an Acupuncture and Oriental Medicine Practitioner _____ Patients per year _____
Practice Name _____ Address _____
City _____ State _____ Zip _____

PLEASE LIST PRESENT EMPLOYER AND/OR PROFESSIONAL AFFILIATIONS:

- _____
- _____

PLEASE LIST TWO REFERENCES (EXCLUDING FAMILY MEMBERS):

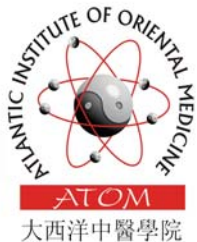
- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION:

- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____

FINANCIAL DATA

- How do expect to pay tuition? Savings Private Loans
- Preferred method of payment: Annual Quarterly Monthly



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- ☉ If you are a licensed Acupuncturist, are you, or have you been the subject of any disciplinary proceedings with a licensing board?
 Yes No
- ☉ 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 explain on separate sheets of paper. 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) Sealed, official transcripts for AOM education sent to:

Atlantic Institute of Oriental Medicine
Attention: Admissions Department
100 East Broward Boulevard, Suite 100
Fort Lauderdale, FL 33301

2) Application for admission to the Doctor of Acupuncture and Oriental Medicine program; Attach recent 2x2 passport style photo.

3) Proof of identification (i.e. Driver's license, Passport, or Alien Registration Card).

4) Copy of Social Security card

5) Professional Resume.

6) Two letters of Recommendation (Excluding members of immediate family) addressing the candidate's potential as a doctoral student.

7) A one page essay describing the applicant's background, reasons for pursuing a doctorate, and professional goals & aspirations.

8) \$30 Non-Refundable Application Fee (International students).

9) Copies of Acupuncture Physician license

10) Certifications, and certificates issued by the NCCAOM if applicable.

- ☉ Upon receipt and review of all college transcripts, an interview will be scheduled with the Doctor of Acupuncture and Oriental Medicine Admissions Committee.

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:

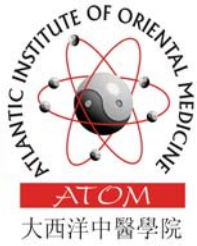
Gender (optional): ___ Male ___ Female Age: ___ 18 ___ 19-25 ___ 26-44 ___ 45+

Ethnicity (optional): ___ **Hispanic:** Black or White ___ **Non-Hispanic:** Black ___ **Non-Hispanic:** White
 ___ **Asiatic or Pacific Islander** ___ **Amerindian or Alaska Native**

Citizenship: ___ Florida Resident ___ Non-Florida Resident ___ Non-US (country: _____)

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

Candidate Signature _____ Date ____/____/_____



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K. Your foreign address(detailed):

House Number : _____,

Street : _____,

City : _____,

Province /State: _____,

Postal /zip Code: _____,

Country : _____

Tel: _____

E-mail: _____

L. _____
Candidate signature

Date

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