



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 _____

*Master's Degree
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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☉ 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) Proof of identification (i.e. Driver's license, passport or alien registration card)

3) Copy of Social Security card

4) Professional Resume

5) Two letters of Recommendations (Excluding members of immediate family)

6) A one page essay describing the reasons for pursuing the field of Oriental Medicine and your plan for meeting tuition payments.

7) \$20 Application Fee (\$30 for International Students)

8) A completed application form

9) Copies of professional licenses, certificates, diplomas, etc. (Optional, but preferred)

10) 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.

11) 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 _____ 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 _____/_____/_____