



Canadian College of Acupuncture And Traditional Chinese Medicine

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www.ccatcm.ca admissions@ccatcm.ca

Program Application Form

Application Date: _____ () New Student () Other

Program Applying For () 2 year Acupuncture Diploma () Acupressure Diploma () Dr TCM Diploma
() 3 year Acupuncture Diploma () Nutrition Diploma () Other _____

Program Start Date: _____ () Career Purposes () Continuing Education () Self Interest

How did you hear about our College? _____

1. Personal Information () Ms. () Mrs. () Mr. DOB: _____ MM/DD/YY

First Name: _____ Middle Name: _____ Last Name: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Email (please print legibly): _____

Home Address: _____ City: _____ Postal Code: _____

Emergency Contact: _____ Tel: _____ Relationship: _____

2. High School: _____ Year _____ Prov. _____ Graduated () YES () NO

3. Post-Secondary Education

Certificate/Degree/Diploma _____ Year _____
Graduated () YES () NO

Certificate/Degree/Diploma _____ Year _____
Graduated () YES () NO

3. How do you plan on paying your Tuition Fees? () 3rd Party Funding () Student Loans () Personal Payment Plan
() Other _____

4. A Complete Application Package contains:

1. **This completed and signed application form.**
2. **Application fee: \$100 CAD (\$600 for international students) enclosed: () Cheque () Cash () Debit () Credit**
3. **A copy of high school and post-secondary transcripts and diplomas (the originals may be inspected).**
4. **Successful admissions interview.**
5. **Entrance essay** - Why do you want to learn acupuncture, acupressure, TCM? Include your professional goals. Why do you wish to attend CCATCM? What will you contribute to CCATCM's learning environment?
6. **A resume including education, work experience, volunteer services, hobbies**
7. **Copy of Photo ID (Government)**

Applicants are encouraged to familiarize themselves with the College website (WWW.CCATCM.CA). All fees, dates, terms and policies may be subject to change without prior notice. All materials filed in support of this application become part of your permanent, confidential records at CCATCM and will not be returned.

I hereby apply for admission to CCATCM, I understand that the application fee covers the cost of processing the application and is non-refundable.

Signed _____ Dated: _____

OFFICE USE ONLY: Prog. Start Date: _____ Prog. End Date: _____ Acceptance: () Yes () No

Student ID #: _____