

# Alberta College of Acupuncture & Traditional Chinese Medicine

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## Application for Admission

(2021 - 2022)

Apply for:

First Name:

Last Name:

Middle Name:

Gender:

Male

Female

Birthdate:

Current Occupation:

MM / DD / YYYY

Permanent Address:

Mailing Address (if different from permanent address):

Street Address:

Street Address:

City:

City:

Province / State:

Province / State:

Country:

Country:

Postal/Zip Code:

Postal/Zip Code:

Home Phone:

Cell Phone:

email:

Are you a:

Canadian Citizen

Landed Immigrant

Visa Student

Other:

### Education Background - High School

Dates Attended	School Name and Address	Qualification and Grades Achieved

**Education Background - Advanced Education**

Dates Attended	Institution Name and Address	Subject(s) Studied or Degree Title	Qualification and Grades Achieved

**Employment History**

Dates From / To	Position Please Indicate Full/Part Time	Employer Name and Address	Brief Description of Duties

**Additional Information**

Have you ever been convicted of any crime?

Yes  No (If yes, please enclose detailed descriptions.)

Have you ever been diagnosed with any contagious diseases in the past two(2) years?

Yes  No (If yes, please enclose detailed descriptions.)

Has your application to ACATCM been ever denied?

Yes  No (If yes, please enclose detailed descriptions.)

Emergency Contact:

Relationship:

Phone Number:

email

**Please check submissions have been accompanied with this application:**

Although you may complete and submit this application by email, printed application and associated documents are required in order to complete registration process.

- A Letter of Intent
- Transcripts from all post secondary institutions attended
- Copies of Certificate(s), diploma(s), and/or degree(s) awarded
- Two recent passport-sized photos
- Two referral letter from non-family members
- Application fee

Note: International applicant should also include copies of TOEFL or other English Equivalency test result.

A \$100.00 non-refundable application fee in Canadian funds must be included with this application. Please choose the form of payment enclosed:

Certified Cheque       Money Order       Bank Draft

All Fees are payable to ACATCM in Canadian funds. Please do not send cash.

**DECLARATION**

I certify that all statements on this application form and enclosed documents are true and complete in all respects, and no relevant information has been withheld. I agree to abide by the rules and regulation of this institute. I understand that "fees are established pursuant to regulatory authority and as such are subject to review and change as required".

Date:   
MM / DD / YYYY

Signature: \_\_\_\_\_

For Office Use Only			Initial Here
Date Received:		By:	
Date Reviewed:		By:	
Date Approved:		By:	
Date Denied:		By:	