

PROGRAM APPLYING FOR: MASTER OF SCIENCE IN ORIENTAL MEDICINE _____
 ASSOCIATES OF APPLIED SCIENCE IN ORIENTAL BODYWORK _____ 600-HR ORIENTAL BODYWORK _____
 ANTICIPATED START DATE: FALL 20____ SPRING 20____ SUMMER 20____

KANSAS COLLEGE OF CHINESE MEDICINE APPLICATION FOR ADMISSION

Last Name	First Name	M.I.	
Social Security#	Date of Birth	** Female/Male	
Current Address	City	State	Zip
Permanent Address (if different than above)	City	State	Zip
Home Phone #	Work Phone #	Additional Phone #	Email Address

** Ethnic status: (please check one)

<input type="checkbox"/> Asian, Pac. Isl. Or Indian Sub-Continent	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other:(please specify) _____

** Are you a United States citizen? Yes No, if no, specify:

1. ** Country of birth _____
2. ** Country of citizenship _____
3. ** If you are a permanent resident please include a front and back copy of your green card.
4. ** Is English your second language? (Yes/No) _____
5. Please list the languages in which you are proficient: _____
6. Have you taken the TOEFL? (Yes/No) _____ Score: _____
7. Have you ever been convicted of a felony? (Yes/No) _____

If yes, please explain _____

**** Optional** This college does not discriminate in admission practices on the basis of race, sex, color, religion, age, marital status, national or ethnic background.**

HIGHER EDUCATION

Name of College or Univ.	Dates Attended	Degree	Grade Point Average
1.			
2.			
3.			

HEALTH RELATED CERTIFICATION (S)

Institution	Dates Attended	Certificates/Licenses
1.		
2.		

Emergency Contact

Please list a personal contact in case of emergency:

Name of Emergency Contact	How Related? (if applicable)	Phone Number
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GENERAL

Subjects of Special Study or Research Work
Special Training

Employment History

Please List your Last Three Employers starting with the most recent:

1. _____

Employer	Start Date	End Date
Address	City	State Zip
Job Title	Job Description	
Name of Supervisor	Title	Phone #
Reason for Leaving		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. _____

Employer	Start Date	End Date
Address	City	State Zip
Job Title	Job Description	
Name of Supervisor	Title	Phone #
Reason for Leaving		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. _____

Employer	Start Date	End Date
Address	City	State Zip
Job Title	Job Description	
Name of Supervisor	Title	Phone #
Reason for Leaving		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Provide the following documents/materials are also requested along with the completed application form:

1. A curriculum vitae including education and work experience to the present.
2. Official transcripts sent directly from the institution(s).
3. A statement describing your education and life goals, what motivated your decision to pursue this type of career and what training you bring to the profession. This statement is an important reflection of you and your organization skills, communication and professional presentation skills; as such, **please take the appropriate time to prepare this statement. It should be approximately 400-600 typed words.**
4. Copies of licenses or certificates in the healing arts (if applicable).
5. Three letters of recommendation from employers, former teachers or health care professionals.
6. A letter from a physician indicating your health status as it relates to your ability to complete the program and deliver professional health services. Additionally, please have your physician fill out and sign the enclosed health record verification form.
7. If applying for work-study please attach the appropriate documentation (see catalogue for details).
8. Provide 2 color passport size photos.
9. A non-refundable application fee of \$50.

Once all the required documentation is received and reviewed by the Admissions Committee, a personal interview will be scheduled.

I certify that the facts contained in this application and accompanying documents are true and complete to the best of my knowledge and understand that, if accepted, falsified statements shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment or schooling including pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Signature _____ **Date** _____

NOT TO BE FILLED BY APPLICANT: FOR OFFICE USE ONLY

DOCUMENTATION	DATE RECEIVED	SIGNATURE/ INITIAL
Completed Application		
\$50 Registration Fee		
Personal Statement		
Health Record Verification Form		
Passport-sized Color Photos (2)		
Curriculum Vitae		
Work Study Documents		
Copies of Certificates	1.	
	2.	
	3.	
Official Transcripts	1.	
	2.	
	3.	
Letters of Recommendation	1.	
	2.	
	3.	
Personal Interview:		
Other:		

