**ADMISSION FORM**

Program status: [ ]  Full-time [ ]  Part-time

New/Transfer: [ ]  New student [ ]  Transfer from:

Program applying for:

Top of Form

[ ] Advanced TCM Practitioner Diploma [ ] Herbology Diploma

[ ] Traditional Chinese Medicine Practitioner Diploma [ ] Acupuncture & Moxibustion Certificate

[ ] Acupuncture & Moxibustion Diploma

Applying for: [ ] Spring [ ] Fall [ ] Winter Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **FULL LEGAL NAME:** FIRST: | MIDDLE: | LAST: |
| **PREFERRED PRONOUN:**  | **BIRTH DATE:** |
| **ADDRESS:**       | **CITY/TOWN:**  |
| **PROVINCE:**  | **POSTAL CODE:**  | **COUNTRY:**  |
| **HOME #:** (     )      | **MOBILE #:** (     )       | **WORK #: ( )** |
| **EMAIL:**       | **HOW DID YOU HEAR ABOUT US?:** |
| **IMMIGRATION STATUS:** [ ]  Canadian citizen [ ]  Landed immigrant [ ]  Other       |
| **COUNTRY OF ORIGIN:** | **NATIVE LANGUAGE:** |
| **STUDENT VISA NUMBER:****EXPIRY DATE:****DATE OF ADMITTANCE:** | **HEALTH INSURANCE NUMBER:****EXPIRY DATE:** |

**EDUCATION:**

Please list all post-secondary education attained. Official transcripts are to be submitted along with your admission form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution name | Location | From  | To | Degree/Diploma |
|                 |       |            |            |       |
|            |       |       |       |       |
|            |       |       |       |       |
|       |       |       |       |       |
|  |

**LETTER OF RECOMMENDATION:**

|  |
| --- |
| Please list **two** people such as past teachers, professionals or co-workers. Both references must provide a letter that discusses your commitment to becoming a TCM health care provider and your capacity to excel in your education at Eight Branches Academy of Eastern Medicine. |
| **NAME** | **PROFESSIONAL TITLE & EMPLOYER** |
|       |       |
|       |       |

**RELATED TRAINING:**

Please list all previous training in Traditional Chinese Medicine or any related fields. All documentation will need to be provided. If you’re currently licensed, please supply your registration number and where you’ve obtained your formal training.

|  |
| --- |
|       |
|       |
|       |
|       |

|  |
| --- |
| **WORK EXPERIENCE:** |
| **OCCUPATION & COMPANY (PRESENT & PAST)** | **DATE** | **# OF YEARS** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**INTERESTS:**

Please list all of your interests outside of school & work.

|  |
| --- |
|       |
|       |
|       |
|       |

**FINANCIAL CAPABILITIES:**

Please state your plans on how you will cover costs of tuition, books and other supply costs of while attending Eight Branches Academy of Eastern Medicine.

|  |
| --- |
|       |
|       |
|       |
|       |

**WRITTEN ESSAY:**

This is your opportunity to tell us what led you to pursue an education in Chinese Medicine and how you visualize your future in the field of TCM. You can attach this essay and submit it along with your application.

**CHECKLIST FOR SUBMISSION:**

In order for us to move forward with your application in a timely manner, please ensure that all of the following items are included with your application form:

[ ]  Application form

[ ]  1 digital portrait photo taken within the last 6 month emailed to info@eightbranches.ca

[ ]  Official transcripts of all post-secondary education, certificates, diplomas, etc. (can also be sent directly to Eight Branches Academy of Eastern Medicine)

[ ]  Two letters of recommendation

[ ]  Your written essay

[ ]  Non-refundable application fee of $50 for Canadian residents and $100 for international students, which can be paid in cash or cheque payable to **Eight Branches Inc**.

After your application has been submitted and reviewed, you will be requested to take part in an interview either in-person or over the telephone.

**SEND APPLICATIONS AND INQUIRIES TO:**

Eight Branches Inc.

112 Merton Street, 3rd floor, Toronto, Ontario

M4S 2Z8, CANADA

Email: info@eightbranches.ca

Phone: 416.925.5722

Fax: 416.438.9069

**TERMS AND CONDITIONS:**

Applicants are strongly advised to review the academic calendar and note application deadlines for each term. Fees, terms and policies are subject to change without notice.

I certify that the information collected on this form and supporting materials submitted along with this application is accurate and complete. It will be filed as part of my student record at Eight Branches Academy of Eastern Medicine and is not returnable. All information provided is used to establish my eligibility into the school. This information will only be released to applicable academic and administrative departments for the purpose of registration, operation of EBAEM programs and services, providing tax receipts, eligibility for scholarships and awards, distributing follow up educational information and alumni programs.

For International Students: EBAEM may be required to submit attendance and/or proof of advancement in the program to the Federal government when required. All files are kept confidential and will only be provided when requested by the appropriate governing body.

I agree that if accepted to EBAEM, I would comply with all rules, policies and code of conduct, which will always be provided in writing to the student (through the Student Handbook, memo notices). I certify that the information provided is true and complete in all respects and that no information has been omitted. I understand that falsifying or withholding documents or information on this application will result in immediate and permanent dismissal from EBAEM.

|  |  |
| --- | --- |
|  |       |

SIGNATURE DATE