

# **A**cademy of Classical Oriental Sciences

## **Application Form**

Complete applications are reviewed on an ongoing basis throughout the year for entrance to the fall start in September. Applications received after June will be reviewed subject to availability of space. Applicants are strongly urged to submit application materials as early as possible due to limited class size. Please contact ACOS if you require assistance with this application.

I am applying for the:

- |   |  |
|---|--|
| <input type="checkbox"/> 5-year Doctor of Traditional Chinese Medicine Program    | <input type="checkbox"/> Full-time           |
| <input type="checkbox"/> 4-year Traditional Chinese Medicine Practitioner Program | <input type="checkbox"/> Part-time           |
| <input type="checkbox"/> 3-year Acupuncturist Program                             | <input type="checkbox"/> New Student         |
| <input type="checkbox"/> 3-year TCM Herbalist Program                             | <input type="checkbox"/> Transfer from _____ |

### **1. Personal Information**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **2. Education**

Please list secondary schools and post secondary schools and degrees in the space below. Official transcripts are required from High school as well as all other post-secondary education.

| Name of Institution | Province/State | From | To | Degree/Diploma Earned |
|---------------------|----------------|------|----|-----------------------|
|                     |                |      |    |                       |
|                     |                |      |    |                       |
|                     |                |      |    |                       |
|                     |                |      |    |                       |
|                     |                |      |    |                       |

### **3. Two Letters of Recommendation**

These should include teachers and/or other professionals (exclude relatives and close personal friends) who can comment on your potential as a health-care provider and on your ability to succeed in the program at ACOS.

Name

Professional Title and Institution

\_\_\_\_\_

\_\_\_\_\_

## **4. Related Training**

Indicate previous training in Chinese medicine and/or related fields. Please provide relevant documentation. If you are a licensed practitioner, please provide your registration number and registration jurisdiction.

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## **5. Work experience**

Submit your current resume indicating volunteer and paid work.

## **6. Interests**

What do you like to do to balance your work/school life?

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## **7. Finances**

Explain how you will finance your tuition, books and supply costs and support yourself while attending the program.

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ACOS is fully accredited and designated for Canada Student Loans. Do you intend to apply for Canada Student Loans?

Yes

No

## **8. Personal Essay**

On a separate page, please discuss the process and experiences that have led you to want to study Chinese Medicine and how you envision your future in the TCM field.

# Academy of Classical Oriental Sciences

## A. Review Your Application

### A complete application contains:

- Application form. Use separate pages, if required.
- Official transcripts of secondary and all post secondary education, certificates, diplomas, etc. to be sent directly to ACOS or included in a sealed envelope with your package.
- Two letters of recommendation to be sent directly to ACOS.
- Physician's certificate of health (Western, Chinese or Naturopathic physician); a general statement of your current state of physical and mental health.
- Your current resume
- Personal essay
- Application fee of \$100.00 CDN (non-refundable), payable to ACOS. Out-of-country applicants should submit the application fee in the form of a money order in Canadian funds. In case you have difficulty obtaining Canadian funds, please contact ACOS.

► The Application Committee may request a personal or telephone interview with any applicant.

## B. Sign

I am aware that as a student of the Academy of Classical Oriental Sciences, I will be required to become a student registrant with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMA) and that the CTCMA requires all registrants to undergo a criminal record check.

I am aware that in order to write my licensing exams in BC, I am required to show proof of 2 years (60 credits) of university/accredited college studies to CTCMA.

I hereby attest that all information provided in this application is true.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## C. Send

### Applications should be sent to:

Academy of Classical Oriental Sciences  
303 Vernon Street  
Nelson, BC  
Canada V1L 4E3

Toll free: 1-888-333-8868  
Phone: (250) 352-5887  
Fax: (250) 352-3458

General email: [acos@acos.org](mailto:acos@acos.org)  
Regula Langenegger, Registrar: [registrar@acos.org](mailto:registrar@acos.org)

If you are submitting application and/or reference information by email or fax, please send the original copies in the mail as well.

Applicants are advised to familiarize themselves with the current curriculum via our website and/or the information package. All fees, terms, courses and financial policies are subject to change without notice.

All materials filed in support of this application become part of your permanent, confidential record at ACOS: they will not be returned.