



Application for Admission

Certificate in Chinese Herbal Medicine (CCHM)

382 Montford Avenue • Asheville NC 28801
828.225.3993 phone • 828.255.3306 fax
www.daoisttraditions.edu

Certificate in Chinese Herbal Medicine (CCHM) Program - Application Checklist

1. Application for admission with \$100.00 non-refundable application fee
2. Copy of valid driver's license or other government issued photo identification.
3. Current 2x2 passport-sized photo (please do not use photo of your actual passport).
4. Essay, 500-1000 words. *Tell us about yourself and your current Chinese Medicine practice. Why do you want to study Chinese herbs? How do you plan to incorporate herbal medicine into your practice?* Essays evaluated based on content and standard writing conventions.
5. Official college transcripts showing a minimum of two years and 60 semester credits (90 quarter units) of general education at the baccalaureate level from an institution accredited by an agency recognized by the U.S. Secretary of Education, or an equivalent international entity. *Sent directly to Daoist Traditions from the institution.*
6. Official transcript of your acupuncture/OM education (mailed directly to Daoist Traditions from institution).
7. Photocopy of acupuncture license and/or NCCAOM certificate, if completed.
8. Letter of reference from a professional contact (ie: employer/teacher) mailed directly to Daoist Traditions.
9. \$100.00 non-refundable application fee.
10. Proof of immunizations - *due within 30 days of enrollment.*
11. English Language Competency Exam scores (if applicable)
12. Current CPR and First Aid Certification

Mail your application and other documents to:

Daoist Traditions College, Admissions Office, 382 Montford Avenue, Asheville NC 28801

Application for Admission – Certificate in Chinese Herbal Medicine (CCHM) Program

Applicant Name: (last, first, middle) _____

Preferred Name: _____

Date of Birth: _____ **Social Security #:** _____

Mailing Address *For school correspondence*

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Undergraduate Education

College/University: _____

Degree(s): _____ **Dates Attended:** _____

If no degree was awarded, please indicate the approximate number of credits earned: _____

College/University: _____

Degree(s): _____ **Dates Attended:** _____

If no degree was awarded, please indicate the approximate number of credits earned: _____

Acupuncture and Chinese Medicine Education

College/University: _____

Degree(s): _____ **Graduation Date:** _____

Are you currently practicing Chinese medicine? ☐ Yes ☐ No

Practice name and location: _____

How do you plan to pay for tuition?

- ☐ Savings ☐ Employment ☐ Federal Financial Aid
☐ Vocational Rehabilitation ☐ Veterans Benefits ☐ Family Member ☐ Other

Ethnic information (U.S. Citizens only, for government statistical purposes)

- ☐ Asian ☐ Hispanic/Latino ☐ American Indian or Alaska Native ☐ Black or African American
☐ White ☐ Two or more races ☐ Race/ethnicity unknown ☐ Native Hawaiian or Other Pacific Islander

Have you ever had a license, certificate, or credential revoked or suspended? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please attach explanation.

In case of emergency, notify: Name: _____ Relationship: _____

Phone: _____ Address: _____

English Language Competency: All applicants must demonstrate English language competency.

Which of the following have you completed? Check all that apply.

- ☐ four years at a U.S. high school demonstrably delivered in English;
☐ at least two years (60 semester/90 quarter credits) of undergraduate or graduate-level education in an institution accredited by an agency recognized by the U.S. Secretary of Education;
☐ at least two years (60 semester/90 quarter credits) of undergraduate or graduate-level education demonstrably delivered in English;
☐ high school or two years (60 semester/90 quarter credits) of undergraduate- or graduate level education in an institution in one of the following countries or territories: American Samoa; Anguilla; Antigua & Barbuda; Australia; Bahamas; Barbados; Belize; Bermuda; Botswana; British Virgin Islands; Cameroon; Canada (except Quebec); Cayman Islands; Christmas Island; Cook Islands; Dominica; Federated States of Micronesia; Fiji; The Gambia; Ghana; Gibraltar; Grenada; Guam; Guyana; Ireland; Isle of Man; Jamaica; Kenya; Lesotho; Liberia; Malawi; Montserrat; Namibia; New Zealand; Nigeria; Norfolk Island; Papua New Guinea; Philippines; Pitcairn Islands; Sierra Leone; Singapore; South Africa; South Sudan; St. Helena; St. Kitts & Nevis; St. Lucia; St. Vincent & the Grenadines; Swaziland; Tanzania; Trinidad and Tobago; Turks and Caicos Islands; United Kingdom; U.S. Virgin Islands; Uganda; Zambia; Zimbabwe.

Do you speak and write English fluently? ☐ Yes ☐ No **If no, please indicate if you have completed one of the following:**

- | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Test of English as a Foreign Language (TOEFL) | <input type="checkbox"/> Cambridge First Certificate in English (FCE) |
| <input type="checkbox"/> International English Language Test (IELTS) | <input type="checkbox"/> Duolingo English Test |
| <input type="checkbox"/> China Standard of English Language (CSE) | <input type="checkbox"/> Cambridge English Advanced (CAE) |
| <input type="checkbox"/> Common European Framework Ref (CEFR) | <input type="checkbox"/> Occupational English Test (OET) |
| <input type="checkbox"/> Pearson Test of English (PTE) | |

Scores must be submitted with your application packet.

Certification and Signature

I hereby certify that all information provided is accurate and complete. I understand that completion of this application does not constitute admission to Daoist Traditions.

→ **Applicant Signature:** _____ **Date:** _____

How did you hear about Daoist Traditions DACM program? Check all that apply.

- ☐ DT Student ☐ DT Clinic ☐ Local Awareness ☐ Jeffrey Yuen Classes ☐ Acupuncturist/Health Professional
☐ Print Ad ☐ Open House Event ☐ General OM/Healthcare Research
☐ Please share your specific referral source: _____

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