



# Application for Admission

**Master of Acupuncture & Herbal Medicine (MAHM)**

and

**Dual Enrollment  
Master of Acupuncture & Herbal Medicine (MAHM) -  
Doctor of Acupuncture & Herbal Medicine (DAHM)**



***Daoist Traditions***  
*College of Chinese Medical Arts*

## Application for Admission

Your application packet must include all required documents. Our Admissions Director will contact you to schedule interviews with members of the Admissions Committee once your application materials have been received.

Applicants who meet the admissions requirements for the Doctor of Acupuncture and Herbal Medicine (DAHM) program are encouraged to dually enroll in the MAHM/DAHM. Applicants who do not qualify for the DAHM, or accepted students who choose not to dually enroll, may enroll in the Master of Acupuncture and Herbal Medicine (MAHM) program only.

MAHM students have a limited time to apply to the DAHM and must apply in specified admissions cycles between the first and second years of the MAHM program. After that time, students must complete the master's program before applying to the DAHM professional track. Academic standing, disciplinary actions, and professionalism issues will be considered for applicants who do not enroll in the DAHM from the beginning of their MAHM studies. See Catalog for details.

### I have completed:

- a minimum of three years (90 semester credits/135 quarter credits) of undergraduate education and **want to dually enroll**. → See the *Dual Degree MAHM/DAHM Program checklist*
- a minimum of three years (90 semester credits/135 quarter credits) of undergraduate education and **want to enroll in the MAHM only**. → See the *MAHM Program checklist*
- more than two years (60 semester credits/90 quarter credits) but less than three years (90 semester credits/135 quarter credits) of undergraduate education. → See the *MAHM program checklist*

*Additional application information is required for transfer applicants and international applicants. In addition to the application checklist for the program of study, please refer to the checklists indicated below.*

- I want to transfer credits from previous Chinese medicine education. → See the *Transfer Applicant checklist*
- I am an international applicant. → See the *International Applicant checklist*

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## Admissions Checklists

### **Dual Enrollment MAHM/DAHM Program**

- 1. Completed application form
- 2. Current 2x2 passport photo (please do not use photo of your actual passport)
- 3. Copy of valid driver's license or other government issued photo identification
- 4. Admissions Essay of 750-1000 words: Tell us how you became interested in Chinese Medicine? What do you feel are the most important qualities in being a healthcare practitioner? How do you envision how you will practice Chinese Medicine upon completion of the program whether as an independent practitioner or in collaboration with other disciplines? *Essays are evaluated based on content and standard writing conventions.*
- 5. Current curriculum vitae (CV)
- 6. \$100.00 non-refundable application fee
- 7. Official college transcripts: minimum of three years and 90 semester credits or 135 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 Tradition from the institution.*
- 8. Education must include undergraduate or professional level courses in chemistry, biology, and psychology to ensure readiness for doctoral level coursework. This requirement may be met by one of the following means:
  - Completion of courses in previous undergraduate education. *Transcripts must be sent directly to Daoist Traditions from the institution;*
  - Completion of College level Examination Placement (CLEP) or American Council on Education (ACE) credit courses with the minimum credit-granting scores achieved. *Scores must be sent directly to Daoist Traditions from the College Board; or*
  - Completion of the following professional level certificate courses, via Coursera.org, a massive open online course (MOOC) provider: The Little Stuff: Energy, Cells and Genetics (University of Colorado Boulder) OR Introduction to Systems Biology (Icahn School of Medicine at Mount Sinai); Introduction to Chemistry: Reactions and Ratios (Duke University); and Introduction to Psychology (Yale University). *Certificate of completion must be forwarded to Daoist Traditions.*

- 9. Letter of reference from a person with whom you have a professional relationship, ie: employer/teacher. Letter should address your ability to be effective in a professional setting, commitment to a personal endeavor, integrity, maturity level, and healing presence. *Sent directly to Daoist Traditions from the reference.*
- 10. Proof of immunizations – *due within 30 days of enrollment.*
- 11. English Language Competency Exam scores (if applicable)

**Master of Acupuncture and Herbal Medicine (MAHM) Program**

- 1. Completed Application form
- 2. Current 2x2 passport photo (please do not use photo of your actual passport)
- 3. Copy of valid driver’s license or other government issued photo identification
- 4. Admissions Essay of 750-1000 words: Tell us how you became interested in Chinese Medicine. What do you feel are the most important qualities in being a healthcare practitioner? What are your professional goals upon completion of the program? *Essays are evaluated based on content and standard writing conventions.*
- 5. Current curriculum vitae (CV)
- 6. \$100.00 non-refundable application fee
- 7. Official college transcripts: minimum of two years and 60 semester credits or 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 Tradition from the institution.*
- 8. Letter of reference from a person with whom you have a professional relationship, e.g. employer/teacher. Letter should address your ability to be effective in a professional setting, commitment to personal endeavors, integrity, maturity level, and healing presence. *Sent directly to Daoist Traditions from the reference.*
- 9. Proof of immunizations – *due within 30 days of enrollment.*
- 10. English Language Competency Exam scores (if applicable)

**Transfer Applicants (transferring from a CM/acupuncture college)** Applicants who would like to transfer previous Chinese medicine education must submit the following materials, in addition to the application materials for the program of study:

- Syllabi outlining the course content for each course you wish to transfer. Weblink can be provided.
- Your letter of reference should be from a previous CM/acupuncture instructor.

**International Applicants - must apply by May 1 for enrollment in the fall semester.** Daoist Traditions is authorized under Federal law to enroll nonimmigrant alien F-1 students into the Master of Acupuncture and Herbal Medicine (MAHM) program. *In addition to the application materials for the program of study, please submit the following items and complete all pages of this application.*

- A photocopy of the first page of your passport (also dependents, if applicable)
- Foreign language transcript translation and evaluation by WES ([wes.org](http://wes.org)) or other NACES agency ([naces.org](http://naces.org))
- Proof of medical insurance
- Required Immunizations with TB Test (See website for vaccination form and list of required tests)
- English Language Competency Exam scores (if applicable)
- Additional \$50.00 non-refundable processing fee

*International applicants currently studying in the U.S. must also submit the following:*

- A photocopy of all previous I-20 forms (also dependents, if applicable)
- A photocopy of the I-94, front and back
- International Student Transfer Release form (applicable only after acceptance to Daoist Traditions)

Daoist Traditions College of Chinese Medical Arts, its master’s-level program in Classical Chinese medicine (MAHM), professional doctoral program (DAHM), and certificate in Chinese herbal medicine program (CCHM) are accredited by the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM). Institution/program accreditation history, notes, and dates of review may be viewed at: <http://acaahm.org/directory-menu/directory>. ACAHM is recognized by the United States Department of Education as the specialized accreditation agency for institutions/programs preparing acupuncture and Oriental medicine practitioners. ACAHM is located at 8941 Aztec Drive, Eden Prairie, Minnesota 55347; phone 952/212-2434; fax 952/657-7068; [www.acahm.org](http://www.acahm.org). The UNC Board of Governors has issued licenses for Daoist Traditions to offer the MAHM and DAHM programs.

**Application for Admission**

Master of Acupuncture and Herbal Medicine (MAHM) and Dual (MAHM/DAHM) Programs

**Student type (check all that apply):**     MAHM/DAHM     MAHM Only     Transfer Applicant     International Applicant

**Applicant Name:** (last, first, middle) \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Mailing Address** *For school correspondence*

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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: \_\_\_\_\_

**Present Occupation** \_\_\_\_\_

**Relevant Community Service Experience or Extracurricular Activities** \_\_\_\_\_

**How do you plan to pay for tuition?**

- Savings     Employment     Federal Financial Aid (available to qualifying students for MAHM program)  
 Vocational Rehabilitation     Veterans Benefits     Family Member     Other

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

- White/Non-Hispanic     African American/Black     Hispanic/Latino     Asian  
 Native American/Alaskan Native     Hawaiian/Pacific Islander     Two or more races     Unknown

**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 written information describing the circumstances. *Please note: The NCCAOM and state licensing agencies have specific policies regarding applicants who have disciplinary actions and/or criminal records.*

**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 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.*

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*I hereby certify that all information provided is accurate and complete. I understand my misrepresentation may be grounds for dismissal.*

→ **Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

- |                                     |  |  |   |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> DT Student | <input type="checkbox"/> DT Clinic       | <input type="checkbox"/> Acupuncturist/Health Professional | <input type="checkbox"/> Jeffrey Yuen Classes |
| <input type="checkbox"/> Print Ad   | <input type="checkbox"/> Local Awareness | <input type="checkbox"/> General OM/Healthcare Research    | <input type="checkbox"/> Open House Event     |

Specific referral source: \_\_\_\_\_

**Please mail your application and other documents to:  
Daoist Traditions College, Admissions Office, 382 Montford Avenue, Asheville NC 28801**

**Section for International Applicants Only**

Student Name: \_\_\_\_\_

Address to mail SEVIS I-20 Form (if different from permanent address):

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Do you need a student visa?  Yes  No

If currently in the U.S., what type of visa do you hold? \_\_\_\_\_

Do you wish to include any F-2 dependent(s) with this application?  No  Yes

Verification of additional funds is required for each dependent. List the dependents you wish to include.

Last (Family) Name	First Name	Date (m/d/y) & Country of Birth	Citizenship	Relationship

Additional emergency contact person in the U.S. (required):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Sources of Financial Support**

Please submit documentation from your and/or your guarantor's bank(s) verifying funds of a minimum of \$41,000 in the exchange of U.S. dollars to confirm funding to cover academic and living expenses for the first year of enrollment at Daoist Traditions. An Affidavit of Support (USCIS I-134 Affidavit of Support form with supporting documents) is required from any U.S. sponsor. Complete the appropriate section(s) below, including signatures.

**Section A - Myself as a Principal Sponsor:**

I, \_\_\_\_\_, certify that I will take full financial responsibility, including educational and living expenses, for myself while I am enrolled at Daoist Traditions.

Describe the source: \_\_\_\_\_

The total amount of \$ \_\_\_\_\_ per year is guaranteed for up to 4 years.

Name of Bank: \_\_\_\_\_

**Section B - Parent as a Principal Sponsor:**

I, \_\_\_\_\_, certify that I will take full financial responsibility, including educational and living expenses, for \_\_\_\_\_ (applicant) while he/she is enrolled at DT.

The applicant is my \_\_\_\_\_ (relationship to applicant).

The total amount of \$ \_\_\_\_\_ per year is guaranteed for up to 4 years.

Name of Bank: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C - Sponsor other than Parent:**

I, \_\_\_\_\_, certify that I will take full financial responsibility, including educational and living expenses, for \_\_\_\_\_ (applicant) while he/she is enrolled at DT. The applicant is my \_\_\_\_\_ (relationship to applicant).

The total amount of \$ \_\_\_\_\_ per year is guaranteed for up to 4 years.

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section D - Other Sources:**

Name & Address of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
The total amount of \$ \_\_\_\_\_ is guaranteed from \_\_\_\_\_ to \_\_\_\_\_

**Section E - Funds from a Combination of Sources**

\$ \_\_\_\_\_ from personal savings  
\$ \_\_\_\_\_ from parent  
\$ \_\_\_\_\_ from sponsor other than parent  
\$ \_\_\_\_\_ from other sources (describe) \_\_\_\_\_  
\$ \_\_\_\_\_ **Total must be equal or greater than total expenses listed above**

Attach submit a certified statement (verification of balance or funds) from the applicant's and/or guarantor's bank(s) or Affidavit of Support from any U.S. sponsor dated no more than 3 months old at the time we receive it. Photocopied, faxed, or scanned documents will not be accepted.

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*I hereby certify that all information provided is accurate and complete. I understand my misrepresentation may be grounds for dismissal.*

→ **International Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail your application and other documents to:  
Daoist Traditions College, Admissions Office, 382 Montford Avenue, Asheville NC 28801**