

加拿大中医科学院

Canadian Institute of Traditional Chinese Medicine

Application for Admission

When to apply:

Applications with all supporting documentation and application fees will be reviewed from November 1 to August 31 for classes starting the following September.

Applicants are encouraged to apply early, as admissions are limited. Admissions may be approved on a rolling basis (first come, first served) up until the application deadline.

Tuition deposit along with the signed contract of tuition must be received within 14 days of notification of acceptance.

Positions will be ensured only if the signed contract of tuition and all fees including tuition deposit and application fees are received.

Late applications will be considered only if space permits and with the permission of the Director. There is an additional fee for late applications.

Incomplete applications will not be considered

Please read the application form thoroughly before you sign and make sure you include all records, references as well as the application fee.

Where to order high school and post-secondary transcripts

In Alberta
Write to:
Transcripts, Alberta Learning
44 Capital Boulevard
10044 108 ST. NW
Edmonton Alt
T5J 5E6

Toll free in Alberta: 310-000
or (780)-427-5732
<http://edunet.edc.gov.ab.ca/>

Out of Province:
Write to The Department of Education or
high school in the appropriate province

Post-Secondary Transcripts:

Please request from the registrar of each Institution you attended.

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A completed application package contains a completed application form together with:

1. Two recent passport-size photos
2. One official high school transcript
3. Official transcripts of all post-secondary education
4. Updated personal resume
5. Two referral letters from non-family members, at least one of which is from a professional such as a TCM practitioner or other health service provider, teacher, lawyer, accountant, etc.
6. The letters should include information such as length of time they have known you, what kind of relationship, why they believe you would make an excellent TCM practitioner, and if possible a description of a specific incident that they believe shows maturity and ethical judgment.
7. A letter of intent that states why and how you became interested in a career in TCM, what capabilities you would bring to the vocation and why you believe you would be a credit in your future practice as a TCM professional.
8. Application forms are available from our administration office at:
Canadian Institute of Traditional Chinese Medicine
#204 136 17th Ave N.E,
Calgary AB, T2E 1L6
9. Forms can also be downloaded from the web site at:
www.citcm.com
10. Completed application packages can be submitted to the above address. **Incomplete applications will not be considered.**
11. Applicants may be contacted to schedule an interview prior to deciding upon their acceptance. The interview may be in person or by phone.
12. Successful applicants will be notified in writing upon their acceptance to the program at The Canadian Institute of Traditional Chinese Medicine

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Date of Application: _____

1. Personal Information-Full Legal Name				2. Permanent Mailing Address			
Last Name		First Name		Street, Box Number, Apartment Number			
Middle Name		Preferred Name		City or Town		Province	
Former/Maiden Name (if Applicable)				Country		Postal Code	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date Of Birth	Month	Day	Year	Home Telephone ()	Cell Telephone ()	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single /Never Married <input type="checkbox"/> Other				Fax ()		Personal E-mail Address	

3. Alternate Mailing Address				4. Application Details			
Street, Box Number, Apartment Number				Program Applied for <input type="checkbox"/> Acupuncture Diploma Only OR Acupuncture Diploma with: <input type="checkbox"/> Dr. of TCM Diploma <input type="checkbox"/> Bachelor's Degree of TCM			
City or Town		Province		<input type="checkbox"/> Full Time	Start Date	Month	Day
Country		Postal Code		<input type="checkbox"/> Part Time		Year	
Home Telephone ()				Immigration Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other			
Business Telephone ()		Personal E-mail Address		<input type="checkbox"/> Student Visa Expiry Date		Month	Day
Fax ()				Country of Birth		County of Citizenship	

5. Education

Please send us transcripts and list secondary school and post secondary schools and degrees*

Name of School	City	Prov / Country	From	To	Academic Level Achieved	Diploma / Degree / Certificate Achieved

*If you need additional space please continue on a separate piece of paper and attach to the back of the application.

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6. Personal Work History*

Name of Employer	City	Prov / Country	From	To	Position	Reason Left

*If you need additional space please continue on a separate piece of paper and attach to the back of the application.

7. Related Training

Please indicate previous training in Chinese Medicine and or related fields*

Name of Employer	City	Prov / Country	From	To	Position	Reason Left

*If you need additional space please continue on a separate piece of paper and attach to the back of the application.

8. Personal References

Please list the names of the individuals that you have requested letters of recommendation.

Name	Professional Title	Origination / Institution	Contact Phone

9. Finances

How will you finance yourself while you are attending the program?

10. Personal Letter of Intent

On a separate page please write a letter of intent that states why and how you became interested in a career in Acupuncture and Chinese herbal medicine, what capabilities you would bring to the vocation and why you believe you would be a credit in your future practice as a traditional Chinese medical professional.

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Applicants are advised to familiarize themselves with the current calendar. All fees, terms and policies are subject to change without notice.

I understand that the information collected on this form and materials filed in support of this application become part of my permanent private record at CITCM and are not returnable.

This information is used to determine my eligibility for admission and to distribute information about the college programs and services. This information is disclosed to relevant academic and administration departments for the purpose of registration, operation of CITCM programs and services, providing tax receipts, determining eligibility for scholarships and awards, graduation, distributing follow up educational information, college research and alumni programs and services. In addition relevant information will be disclosed to federal and provincial governments to meet the reporting requirements as well as to the student association and other cooperating educational, funding and workplace agencies in accordance with any contract agreements. Types of credentials awarded to the student are part of the public record and may be disclosed to a third party upon request.

If you have any questions about the collection and use of this personal information, please connect the registrar's office. I agree that if admitted to CITCM to comply with all rules and regulation and the CITCM code of conduct.

I certify that the information provided is true and complete in all respects and that no information has been withheld. I understand that falsifying or omitting documents or information on this application will result in immediate and permanent dismissal from CITCM.

Signature

Date



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