



# STUDENT APPLICATION FORM

First Name:		Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	(      ) Y (      ) M (      ) D
<b>Education History</b>			
School : _____			
Years of Study : _____			
Major : _____			
<b>Contact Information</b>			
Address: _____ City _____			
Province/State: _____ Postal/ Zip Code: _____ Country: _____			
Cell Phone: _____ Work/Home Phone : _____ Email: _____			
<b>Program / Course Choices</b>			
<input type="checkbox"/> Advanced Acupuncture Technique		<input type="checkbox"/> Tuina III - Wu's Head Massage	
<input type="checkbox"/> Certificate Acupuncture Course		<input type="checkbox"/> Tuina IV - Foot Massage	
<input type="checkbox"/> Advanced Cosmetic Acupuncture		<input type="checkbox"/> Health Qigong	
<input type="checkbox"/> Osteopathy Course		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>Please send complete applications (refer to Application Requirements Form for details) to:</b>			
Ontario College of Traditional Chinese Medicine 1A-7100 Warden Avenue, Markham, L3R 8B5 Tel: 905-477-8855 Email: info@octcm.com			
All fees, terms, courses and policies are subject to change without notice. All materials filed during this application process become part of your permanent, confidential record and are not returnable.			
<b>I hereby attest that all information provided by me, in this application is true.</b>			
_____	_____	_____	
<b>Print Name of Application</b>	<b>Signature of Applicant</b>	<b>Date</b>	

<b>OCTCM  OFFICE USE ONLY</b>		
Date of application: _____	Registration Fee: \$50	\$100 (International Student)
Fee Received: _____	Payment Method: _____	Record by: _____