



# OFF-SITE ADVANCED CLINICAL INTERNSHIP

## Application Form

Applications are reviewed on an ongoing basis. Incomplete applications will not be considered. Please contact OCTCM if you require any assistance with this application.

- Priority will be given to advanced student. Some exceptions may apply.
- The Off-site internship will be evaluated. The evaluation will become part of the student's academic record.
- Application deadline is: **4 weeks prior to the start date of the clinic.**
- Once you been selected and you have accept this offer. It is highly unprofessional as well as discourteous to renege on a commitment once made.

### **Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: DD / MM / YY  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Education Level:** *Select your currently years of study/program.*

- Acupuncture Diploma 1<sup>st</sup> Year       Acupuncture Diploma 2<sup>nd</sup> Year  
 TCMP Diploma 1<sup>st</sup> Year       TCMP Diploma 2<sup>nd</sup> Year       TCMP Diploma 3<sup>rd</sup> Year  
 Advanced TCMP Diploma

### **Clinical Level:** *Select how many hours of Clinical internship you have completed (OCTCM Clinic experience only). If you are not sure please consult with OCTCM Academic Office.*

- less than 100 hours       100-200 hours       200-300 hours       300-400 hours  
 400-500 hours       500-600 hours       600+ hours

### **Other Related Training:** *Indicate other training in clinical internship and/or related fields.*



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**Work Experience:** *Indicate your work experience for the last five years, naming your employer, job title and responsibilities.*

**Personal Essay:** *Please discuss the process and experiences that have led you want to participate in the off-site clinical internship. Please limit the essay to one page.*

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Date of application: \_\_\_\_\_

Received and Record by: \_\_\_\_\_