



STUDENT APPLICATION FORM (Certificate)

First Name:		Last Name:	
Gender (circle):	Male Female	Date of Birth:	()Y ()M ()D

Education History

School : _____

Years of Study : _____ Major : _____

Contact Information

Address: _____ City _____

Province/State: _____ Postal/ Zip Code: _____ Country: _____

Cell Phone: _____ Work/Home Phone : _____ Email: _____

Program / Course Choices

- | | |
|---|--|
| <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"/> |

Please send complete applications (refer to Application Requirements Form for details) to the campus at which you wish to study:

Main Campus: Ontario College of Traditional Chinese Medicine 7100 Warden Avenue, Suite 1A Markham, ON, L3R 8B5	Toronto Campus: Ontario College of Traditional Chinese Medicine 283 Spadina Ave # 301 Toronto, ON, M5T 2E3
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All fees, terms, courses and policies are subject to change without notice. The Application Committee may request a personal/telephone interview with any applicant. All materials filed during this application process become part of your permanent, confidential record and are not returnable.

I hereby attest that all information provided by me, in this application is true.

_____	_____	_____
Print Name of Applicant	Signature of Applicant	Date

OCTCM OFFICE USE ONLY Date of application: _____ Registration Fee: \$50 \$100 (International Student)	Student Number: _____ Received and Record by: _____
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