



ATLANTIC INSTITUTE OF ORIENTAL MEDICINE
100 E Broward Blvd. Ste 100 • Ft. Lauderdale, FL 33301
Phone: 954-763-9840 Website: www.atom.edu

Attach recent
2x2 Passport
Style photo

Doctor of Acupuncture and Oriental Medicine
Application for Admission

PERSONAL INFORMATION:

Last Name	First Name	Middle	Date of Birth	Male / Female
			/ /	Circle One
Address	City	State	Zip Code	E-Mail Address
/ /	() -	() -	() -	
Social Security Number	Home Phone	Work Phone	Mobile	
Place of Birth	Citizen	Non-Citizen	Alien Registration #	

POST-SECONDARY EDUCATION:

- Name of Acupuncture and Oriental Medicine school attended _____ Address _____
State/Country _____
Total Number of Credits _____ Degree/Certification _____ Graduation Date _____
- Name of School _____ State/Country _____
Total Number of Credits _____ Degree/Certification _____ Graduation Date _____
- Name of School _____ State/Country _____
Total Number of Credits _____ Degree/Certification _____ Graduation Date _____

PROFESSIONAL BACKGROUND OR CAREER EXPERIENCE:

Acupuncture Physician License Number _____ Expiration Date _____ Active Inactive
Years of experience as an Acupuncture and Oriental Medicine Practitioner _____ Patients per year _____
Practice Name _____ Address _____
City _____ State _____ Zip _____

PLEASE LIST PRESENT EMPLOYER AND/OR PROFESSIONAL AFFILIATIONS:

- _____
- _____

PLEASE LIST TWO REFERENCES (EXCLUDING FAMILY MEMBERS):

- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION:

- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
- Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____

FINANCIAL DATA

- How do expect to pay tuition? Savings Private Loans Financial Aid
- Preferred method of payment: Annual Quarterly Monthly



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- If you are a licensed Acupuncturist, are you, or have you been the subject of any disciplinary proceedings with a licensing board?
 Yes No
- Are you currently the subject of any criminal or disciplinary proceeding?
 Yes No
- Have you ever been convicted of a crime or charged with a violation of law which resulted in probations, community service, a jail sentence or the revocation of your driver's license?
 Yes No

If you answered yes to either of the above questions, please explain on separate sheets of paper. You may be required to furnish the school with copies of all official documents explaining the proceedings. This information will be handled confidentially.

ADMISSIONS REQUIREMENTS:

- 1) Sealed, official transcripts for AOM education sent to:
Atlantic Institute of Oriental Medicine
Attention: Admissions Department
100 East Broward Boulevard, Suite 100
Fort Lauderdale, FL 33301
 - 2) Application for admission to the Doctor of Acupuncture and Oriental Medicine program; Attach recent 2x2 passport style photo.
 - 3) Proof of identification (i.e. Driver's license, Passport, or Alien Registration Card).
 - 4) Copy of Social Security card
 - 5) Professional Resume.
 - 6) Two letters of Recommendation (Excluding members of immediate family) addressing the candidate's potential as a doctoral student.
 - 7) A one page essay describing the applicant's background, reasons for pursuing a doctorate, and professional goals & aspirations.
 - 8) \$30 Non-Refundable Application Fee.
 - 9) Copies of Acupuncture Physician license
 - 10) Certifications, and certificates issued by the NCCAOM if applicable.
- Upon receipt and review of all college transcripts, an interview will be scheduled with the Doctor of Acupuncture and Oriental Medicine Admissions Committee.

Historical Information

The following information is required by the State of Florida, except where listed as optional. Your answers have no bearing on whether you will be chosen for admission. Please mark the appropriate choice:

Gender (optional): Male Female Age: 18 19-25 26-44 45+

Ethnicity (optional): **Hispanic:** Black or White **Non-Hispanic:** Black **Non-Hispanic:** White
 Asiatic or Pacific Islander **Amerindian or Alaska Native**

Citizenship: Florida Resident Non-Florida Resident Non-US (country: _____)

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge.

Candidate Signature _____ Date ____/____/____



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Intent to Apply for DAOM/Ph.D.

Atlantic Institute of Oriental Medicine (ATOM) and Shanghai University of Traditional Chinese Medicine (SHUTCM)

Personal Information:

Last Name First Name Middle Date of Birth Male / Female

Address City State Zip code

US Citizen Non-Citizen Phone Email

If you are Chinese and a US citizen, how many years have you been in the US _____? How many years a US citizen _____?

_____ Yes _____ NO I am definitely interested in apply for the Ph.D. program at SHUTCM

_____ Yes _____ NO I am interested in more information about the Ph.D. program at SHUTCM

_____ I am not interested in applying for the Ph.D. program at SHUTCM

Read and initial next to each of the following ONLY if you are DEFINITELY INTERESTED in applying to the Ph.D. program at SHUTCM

_____ I have held a valid non-Chinese passport (excluding overseas Chinese and those who hold passports from Taiwan, Hong Kong and Macau) for at least 4 years and have lived outside China for at least 2 years over the recent four years (until the 30th of April of the admission year).

_____ I have earned a Master's Degree from an ACAOM accredited institute for oriental medicine.

_____ I understand that the tuition cost of \$15,000.00 for the Ph.D. portion of the program, is my personal responsibility and that financial aid is not available for the Ph.D. portion of the program.

_____ I understand that the payment of the \$15,000 additional tuition for the Ph.D. portion of the program will be required as follows:
1st year of program \$2500, 2nd year of program \$2500, 3rd year \$10,000.

_____ I understand that all expenses associated with participation in this program including, but not limited to travel, accommodations, books, teaching materials or medical insurance are my responsibility.

_____ I understand that I will be required to travel to China for a minimum of 3-4 weeks during May of the 2nd of the DAOM program and a minimum of 3-4 weeks during May of the 3rd year of the Ph.D. program.

_____ I understand that I must complete my DAOM program at ATOM, meeting all requirements for completion within the first two years.

_____ I have received and reviewed the Student Handbook for this program.

Print name _____

Signature _____

Date _____