EASTERN SCHOOL
OF ACUPUNCTURE AND TRADITIONAL MEDICINE

APPLICATION FOR ADMISSION

Applying to start in _____ 20____

Identifying Information

NAME_____

ADDRESS_____

CITY_____   STATE_____ ZIP CODE_____

CELL/HOME PHONE_____   EMAIL ADDRESS_____

DATE OF BIRTH_____   _____
SOCIAL SECURITY NUMBER

MALE o   FEMALE o

U.S. Citizenship Status

CITIZEN_____   ELIGIBLE NON-CITIZEN_____

ALIEN REGISTRATION STATUS_____

ALIEN REGISTRATION_____

NUMBER_____

PLACE OF BIRTH_____

Emergency Contact

NAME_____   RELATIONSHIP_____

ADDRESS_____

CITY_____   STATE_____   ZIP CODE_____

HOME PHONE_____   BUSINESS PHONE_____

APPLICATION FOR ADMISSION
Continued on other side

Previous Education

Please list High School attended with Graduation Date and sign below

_____

Graduated_____   Signed_____

College(s)   Address   Dates Attended
Degree(s)

_____

_____

_____

_____

Do you have 90 College Credits?   YES o   NO o   from where?_____

Employment
(list most current first)

Employer or Name of Practice   Address   Dates of Employment
Responsibilities

_____

_____

_____

List all professional licenses in the medical/health field

_____

_____

_____ _____

SIGNATURE OF APPLICANT   DATE

Received by ESATM_____   Date_____