



**Transfer Evaluation Request**

Applying to start in \_\_\_\_\_ 20\_\_

Identifying Information

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL/HOME PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

U.S. Citizenship Status

CITIZEN \_\_\_\_\_ ELIGIBLE NON-CITIZEN \_\_\_\_\_

ALIEN REGISTRATION STATUS \_\_\_\_\_

ALIEN REGISTRATION NUMBER \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

Previous Education

ACAOM Accredited Institution: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Post-Secondary Institution(s) \_\_\_\_\_

Dates Attending: \_\_\_\_\_

Degree/Program of Study: \_\_\_\_\_

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

Do you have 4 Credits in Human or General Biology? YES o NO o from where? \_\_\_\_\_

Employment  
(list most current first)

Employer or Name of Practice Responsibilities	Address	Dates of Employment
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List all professional licenses in the medical/health field

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Please initial the following:

\_\_\_\_ I understand that I am required to have a minimum of 90 post-secondary credits in order to enter the MSAc program at ESATM as a transfer student.

\_\_\_\_ I understand that I am required to have a bachelor's degree from a post-secondary school independent of my acupuncture education in order to apply for a NJ state acupuncture license.

\_\_\_\_ I understand that ESATM, as mandated by ACAOM may only accept transfer credits from an ACAOM accredited institution up to 50% of the MSAc program at ESATM.

\_\_\_\_ I understand that I must complete a minimum of 5 trimesters at the MSAc program at ESATM.

\_\_\_\_ I understand that I may have to provide additional course information such as syllabi, course descriptions etc. at the request of the ESATM admissions/academic departments.

\_\_\_\_ I understand that upon transfer evaluation I may be required to take placement exams at ESATM to ensure proper MSAc program/course registration.

\_\_\_\_ I understand that the \$75.00 transfer evaluation fee does not guarantee that all prior ACAOM accredited program credits/courses will be transferred into the ESATM, MSAc program.

**440 Franklin St Suite 500, Bloomfield, NJ 07003 Phone: 973.746.8717 Fax: 973.746.8714**

[www.esatm.edu](http://www.esatm.edu)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Received by ESATM \_\_\_\_\_

Date \_\_\_\_\_

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