

Office Use Only

Date received:

Application Fee: \$100

Date Paid:

Receipt #:

Application for Admission to the Doctor of Acupuncture and Oriental Medicine (DAOM) Program

INSTRUCTIONS: Please complete and submit this form along with the \$100 non-refundable application fee to the above address to receive the OM case study required for completing the doctoral Admissions Portfolio. Please print clearly.

All application information is confidential. All application materials, once submitted, are the property of Pacific College of Oriental Medicine and cannot be returned to the applicant.

2. Personal Information:

Title: Dr. Mr. Mrs. Miss Ms

Name _____

Present street address _____

City Last _____ First _____ State _____ Middle _____ Maiden Name _____ Zip _____

Home phone () _____ Business phone () _____

Email address _____ Fax, if available () _____

Home phone () _____ Business phone () _____ Relative/alternate phone () _____

Employer/organization _____ Job title/position held _____

Date of birth* / / _____ Age _____ Country of birth _____

RACE*: American Indian or Alaskan Native Asian or Pacific Islander Black Non-Hispanic Asian or Pacific Islander Hispanic White Non-Hispanic Other
 SEX*: Male Female

* This information is requested for various state and federal reports

Name of Institution	From	To	Major	Degree/Diploma or # of Units*	GPA <small>(PCOM Use only)</small>
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College:

(Attach additional sheet if necessary)

Languages: English (1st) English (2nd) Chinese (read) Chinese (speak) Other

Licensed: Yes No If yes, state(s) licensed in _____ and years in practice _____

* Please indicate whether quarter units, trimester units, or semester units

I hereby request to be considered for admission to the PACIFIC COLLEGE OF ORIENTAL MEDICINE doctoral program. I understand that the clinical doctoral degree program has been approved by the Accrediting Commission for Acupuncture and Oriental Medicine (ACAOM) but is NOT accredited at this time. I fully understand the non-accredited status to my complete satisfaction and understanding. I hereby state that all of the information given in this request is true and complete to the best of my knowledge. I understand that failure to give true and complete information may lead to denial of Admission, or future dismissal from the program.

Applicant's Signature _____

Date _____

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