



**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 FEMALE

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 _____

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Previous Education

Please list High School attended with Graduation Date and sign below

Graduated _____ Signed _____

College(s) Degree(s)	Address	Dates Attended
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Do you have 60 College Credits? YES NO from where? _____

Do you have 4 credits in Biology? YES NO 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

SIGNATURE OF APPLICANT

DATE

Received by ESATM _____