

Acupuncture & Integrative Medicine College, Berkeley

Application for Admission

Contact Information

First Name _____ Middle Name _____ Last Name _____

Other Names Used (Maiden) _____

Permanent Address _____

City _____ State _____ Postal Code _____

Mailing Address (if different) _____

City _____ State _____ Postal Code _____

Emergency Contact Name _____

Relationship _____

Date: ____ / ____ / ____ Applying for Year 20__

September

April/May

January

Full Time Part Time

Domestic Student

Foreign/International Student

OM Transfer

Date of Birth _____

SSN # _____

Home Phone _____

Business Phone _____

Mobile Phone _____

Fax Number _____

Email Address _____

Mobile Phone _____

Day Phone _____

Evening Phone _____

Email Address _____

Citizenship Information

Place of Birth (City, State, Country) _____

Country of Citizenship _____

**U.S. citizens and permanent residents, please indicate your predominant racial/cultural/ethnic background.
(Optional and for statistical purposes only)**

American
Indian

African
American

Asian or
Pacific Islander

Caucasian

Hispanic
(Latino)

Middle Eastern

Other (please specify) _____

English Language Proficiency

Prospective students who come from countries in which English is not an official language must submit verification of English language proficiency:

- English is my first language.
- A high school diploma or transcript documenting at least 15 semester units of successful coursework from an English language college.
- Internet-based results of 70 or above, with the following minimum section requirements: Reading-16, Listening-19, Speaking-19, Writing-16. Have results sent directly to AIMC Berkeley (Institution Code **8482**).



Personal Information

Do you have any special needs that we should be aware of? Yes No If yes, please describe: _____

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes No

(A felony conviction may prevent you from being allowed to take the California acupuncture licensing exam. Check with the California Acupuncture Board for details.)

If yes, please describe: _____

Have you ever had a professional credential or license revoked or suspended? Yes No

If yes, please describe: _____

Do you plan to apply for financial aid? Yes No

Please list other schools you are applying to for admission: _____

How did you find out about AIMC Berkeley? _____

Academic Information

AIMC Berkeley requires a minimum of 60 semester units (90 quarter units) of undergraduate work at an accredited institution of higher education with a minimum GPA of 2.5. Please indicate all institutions you attended and arrange for official transcripts to be sent to AIMC Berkeley. (Foreign transcripts require a "course-by-course" evaluation that includes grade equivalents, and course hours, sent directly to AIMC Berkeley by an agency approved for evaluating foreign educational materials.)

College or University	Degree Earned	Major	Dates Attended	Credits Earned	GPA



Basic Science Requirements

You can fulfill your basic science requirement at AIMC Berkeley or by transferring in courses taken at another institution. If you have taken the following courses elsewhere, please indicate so by filling in the following blanks.

Requirement	College or University	Course Number and Title	Year Taken	Grade Earned	Units & Hours
Biology (3 sem. units)					
Chemistry (4 sem. units)					
Physics (2 sem. units)					

Application Requirements

Your application will only be considered complete when the following documents have been received. You will then be contacted to schedule an on-campus interview with members of the Admissions Committee prior to being admitted. Telephone interviews can be arranged if an on-campus interview is not possible.

Include the following with this completed form:

- \$100 application fee / \$200 total application fee for OM transfer applicants
- Application form, including Health Form and, if applicable, Application for Financial Aid
- Résumé
- 500-word essay: *Describe the path that led you to choose Acupuncture & Oriental Medicine as a profession.*

Arrange for the following to be submitted directly to AIMC Berkeley:

- Official college transcripts
- 2 recommendation letters that speak to applicant's educational ability, professionalism, compassion, maturity, and ability to successfully complete the master's program and become a successful practitioner. Letters of recommendation can be from professional, educational or personal contacts, but we cannot accept letters from relatives of the applicant. References may email recommendation letters to admissions@aimc.edu or mail them to the address below.
- Tuberculosis test results
- International credential evaluation, if applicable
- Documentation of English language proficiency, if applicable (transcript from English language college or TOEFL results)

All applicants must sign below:

I certify that all information provided in this application is, to the best of my knowledge, correct and complete. I understand that I may be required to furnish documented proof of information given. Misrepresentation of information on this form constitutes grounds for immediate disqualification and withdrawal from classes.

Signature

Date



Health Form

Contact Information

Date _____

First Name _____ Middle Name _____ Last Name _____

Permanent Address _____

Home Phone _____

Business Phone _____

City _____ State _____ Postal Code _____

Mobile Phone _____

Fax Number _____

Address While Attending School (if different) _____

Phone While Attending School (if different) _____

City _____ State _____ Postal Code _____

Email Address _____

Please respond to the following questions

- Do you have any health conditions that you think we should be aware of or that we may need to make accommodations for?**
 No
 Yes: _____
- All students admitted to AIMC Berkeley need to be tested for tuberculosis (TB) within the past year. Please check the appropriate box below and attach supporting documentation.**
 Negative PPD results within the past year
 Positive PPD results, but negative results from follow-up x-ray evaluation
- Hepatitis B immunization is not required for admission, but documentation of immunization or a signed waiver is required for all AIMC Berkeley student interns. Please check one of the following and, if applicable, attach supporting documentation.**
 Hepatitis B immunization is **current**
 Hepatitis B immunization is **in process**
 I do not wish to be immunized at this time, and choose instead to **initial the following statement:**

Hepatitis B Vaccination Declination Statement

By initialing below, I affirm the following: I understand that due to my potential exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Nonetheless, I choose to decline HBV vaccination at this time, and understand that by so doing that I continue to be at risk for acquiring HBV, a serious illness. I also understand that I may later choose to become immunized.

Initial: _____

All applicants must sign below:

I certify that all information provided in this form is, to the best of my knowledge, correct and complete. I understand that I may be required to furnish documentation of information submitted above.

Signature _____

Date _____



Acupuncture & Integrative Medicine College, Berkeley

Application for Financial Aid (AFA)

Contact Information

_____ Date

First Name _____ Middle Name _____ Last Name _____ Social Security Number (SSN) _____

Permanent Address _____ Home Phone _____ Business Phone _____

City _____ State _____ Postal Code _____ Mobile Phone _____ Fax Number _____

Address While Attending School (if different) _____ Phone While Attending School (if different) _____

City _____ State _____ Postal Code _____ Email Address _____

Academic Information

This is my first time applying at AIMC Berkeley

Bachelor's Degree: **yes / no** _____
Total Sem. Units Earned

I am a continuing student at AIMC Berkeley.

Which Trimester are you entering next term? _____

I anticipate registering for the following course load during the next two terms:

Term / Year	Number of units
/	
/	

Financial Information

I will be receiving financial assistance other than from student loans (i.e., scholarships, trust fund, etc.) from the following source:

_____ in the amount of _____.

To apply for federal financial aid, go to <http://www.fafsa.ed.gov>: AIMC Berkeley's school code is **033274**)

If any of this information changes, I understand that I must contact the Financial Aid Office immediately. I also understand that I must complete an updated or renewal FAFSA and submit all requested documents in order to receive financial aid.

Signature

Date

For financial aid questions, contact Brenda Johnson at bjohnson@aimc.edu

