



COLORADO SCHOOL OF TRADITIONAL CHINESE MEDICINE

1441 YORK STREET, SUITE 202 • DENVER, CO 80206-2127 • 303-329-6355 • 303-388-8165 FAX • WWW.CSTCM.EDU

Instructions for Filling out the Application and Submitting Paperwork

- Please read and understand all application instructions before you begin.
- The application is a fillable pdf and use of a desktop computer or laptop is recommended as it may not display and or respond correctly on a tablet.
- Download the current version of Adobe Reader here: [Adobe Acrobat Reader](#) (it is recommended that you update your Adobe version before starting the application.)
- Once you have completed the application please print, sign and submit it along with the appropriate application fee.
- Emailed, faxed or photo copies of completed applications will not be accepted.
- For questions about the application or process please contact the Recruiting Director at recruiting@cstcm.edu or 303-329-6355 x21.
- Incomplete applications will not be accepted.

A completed application packet consists of:

1. Completed application form and fee payment: \$50.00
(\$100.00 for late applicants, transfer students or international students)
2. Recent passport size photo
3. Essay (no more than two pages)
4. Current resume
5. Two letters of recommendation sent directly to CSTCM
6. Copy of your drivers license or birth certificate
7. Certified transcripts sent to CSTCM directly from the school
8. Demonstration of English proficiency, where required
9. Certified credential evaluation, where required
10. Doctor's statement

The following four documents must be the hard-copy originals:

Application –

All areas of the application must be filled out (with the exception of the Ethnic Background which is optional) if an area does not apply to you then please select **None** or write '**N/A**'.* The use of the phrase '**See Resume**' or similar expression will render the application incomplete.

Letters of Recommendations –

Letters of recommendation must be the originals, contain contact information and a live signature of the person who has written it. It is preferred these letters are mailed directly to us (copies, faxed or emailed letters are not accepted.)

Certified Transcripts –

These must be mailed directly to us or by secure email from all colleges & universities previously attended.

Doctor's Statement -

CSTCM will provide the preferred form for your doctor to fill out. The following licensed practitioners may fill it out: western medical doctor, acupuncturist, chiropractor, OB/GYN, nurse practitioner or naturopathic doctor. The hard-copy original containing the doctor's signature must be returned to CSTCM. All areas must be filled out completely.

We will **not** accept emailed, faxed or photo copies of the above four documents.



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Passport Size Photograph -

Please insert a recent passport size photo of yourself by clicking in the 'Insert Photo' area provided on the first page of the application. You may also attach a photo by paper clip or email a selfie and we will affix it to your application upon receipt. A copy of your driver's license is not a substitute for the picture.

Educational History -

List all colleges and universities you have attended. If you run out of space please note the additional schools on a separate sheet of paper and include with the application.

Professional History -

Do not write 'See Resume' please list your most recent jobs; up to four.

Have you read *The Web That has No Weaver* and *Between Heaven and Earth*?

If you are in the process of reading these still, please mark the box 'In Process' and then notify the Recruiting Director when you have finished. It is preferred you complete these two books prior to your interview

Signature Line -

After printing the application please remember to sign and indicate the date you have filled out your application.

Phone Interview -

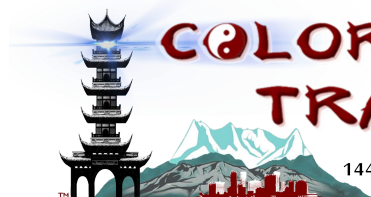
If you need to interview by phone please note this under the signature line and also inform the Recruiting Director recruiting@cstcm.edu or 303-329-6355 x21.

The following documents may be emailed to the Recruiting Director:

- Photo or selfie
- Essay
- Resume
- Copy of Driver's License

Check Boxes -

By default many of the check boxes already contain a check mark; please make sure the appropriate box is checked for these areas.



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Admissions Application

Insert Photo

(For Office Use Only)

Date Received _____

Application Fee _____

Received By _____

Last Name First Name MI F M Sex / Gender Age DOB

Other Names Used: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status:

Social Security # _____ Present Occupation _____

Place of Birth: _____ Country: _____

If you are a citizen of another country other than the USA,

Please name the country: _____ Indicate your visa status: _____

Will you need to apply for a student visa? Yes No

Ethnic Background (Optional)

White or Caucasian

Asian

Hispanic or Latino

Alaskan Native

Black or African-American

American Indian

Native Hawaiian or Other Pacific Islander

Other _____

In case of emergency contact:

Name _____ Phone _____ Relationship _____

Colorado School of Traditional Chinese Medicine

Admissions Application

Indicate the trimester you are applying for:

Which program you are applying for:

Preferred Student Status:

Educational History

Are you transferring from another Oriental / Acupuncture Medicine School? If yes, what is the name of school(s)? Yes No

Undergraduate Colleges / Universities Attended (*Enter all Colleges/Universities attended*)

(Please have official / certified transcripts sent directly from all institution(s) attended to CSTCM.)

Accredited College/ University (chronological order)	Dates Attended	Area of Study	Type of Degree	Date Rec'd
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

SAT scores or GRE scores (if known): SAT _____ GRE _____

Western science(s) transfer credit or challenge exam(s) applying for (check all that apply):

N/A	BI0205A Intro to Chemistry
BI0107 Anatomy and Physiology 1	BI0223A Biochemistry
BI0108 Intro to Biology	BI0233 Western Medical Pathology
BI0109 Western Medical Terminology	BI0303 Western Physical Exam & Diagnosis
BI0125 Anatomy and Physiology 2	BI0317 Western Medical Referral
BI0203A Microbiology of Infectious Disease	BI0325A Western Nutrition

List any academic achievement awards:

1. _____ 2. _____
3. _____ 4. _____

List published articles, books, research, or other creative work:

1. _____ 2. _____
3. _____ 4. _____

List any other degrees or certifications (*please enclose a copy*), job or life experience:

1. _____ 2. _____
3. _____ 4. _____

Colorado School of Traditional Chinese Medicine

Admissions Application

Professional History

Place of employment

Dates

Position/Title

Duties/Responsibilities

(List your four most recent jobs from present to past)

1. _____
2. _____
3. _____
4. _____

Community activities/Volunteer work? _____

Have you ever had a credential or license revoked or suspended?

Yes

No

If yes, give details _____

Have you ever been convicted of a felony?

Yes

No

If yes, give details _____

Health History

Have you had an acupuncture treatment?

Yes

No

(If no, we suggest you make an appointment in our student clinic.)

Do you now or have you ever had, in the past 2 years a contagious disease?

Yes

No

If yes, give details _____

Do you have any physical or other limitations?

Yes

No

If yes, please describe _____

If yes, will you require a special accommodation?

Yes

No

If yes, please read our schools 'Technical Standards of Candidates for Professional Degree Admission, Continuance, and Graduation.' If you do not have a copy of this document please contact us and we will send one to you. Detailed documentation outlining the special accommodation needed that has been signed by a licensed medical professional must be submitted along with the application.

Additional Information

Please provide us with a statement about your financial ability to cover your educational expenses

Please indicate any other information you believe would be helpful to us in considering your application

How did you hear about CSTCM?

What other school(s) are you applying to? (Optional)

Colorado School of Traditional Chinese Medicine

Admissions Application

Application: Have you completed/enclosed the following:

Y N

Have you completed every area of this application (inserted N/A for areas that don't apply)?

(All areas of the application must be filled out, if an area does not apply to you then please write 'N/A'.

The use of the phrase 'See Resume' or similar expression will render the application incomplete.)

Have you inserted a picture of yourself in the area located on the first page?

Personal Essay (1-2 pages typed)

A recent CV or Resume?

Copy of driver's license or birth certificate?

Have we received 2 letters of recommendation about your character and integrity?

Have you ordered certified transcripts to be sent directly from all college(s) you attended to CSTCM?

Have you enclosed the form letter provided from a licensed health care provider?

Have you enclosed a \$50.00 application fee? (Transfer students and late applicants \$100.00)

International Students (I-20 Visa): Have you enclosed a \$100 application fee?

N/A

Have you completed The Web That Has No Weaver and Between Heaven and Earth?

In process

I have visited CSTCM and had a tour

Yes

No

I plan to visit CSTCM for a tour _____

Date

The information on this application is accurate and complete to the best of my knowledge. I understand I am responsible to complete all application parts and procedures and to have transcripts forwarded from all educational institutions I have attended. These documents become the property of CSTCM and will not be returned to me or duplicated for my needs. I also understand that if accepted to CSTCM, acceptance is subject to verification of official records from all institutions I have attended. I understand that my application will not be processed until all documents necessary are received by CSTCM. If accepted, I agree to comply with all rules, policies, and regulations of CSTCM as set forth in the catalog, student handbook, or other publications, including revisions. I understand that violation of any regulations or policies are grounds for suspension from the program. I understand that eligibility to practice varies from state to state and CSTCM makes no guarantees.

Printed Name _____

Signature _____

Date _____

Once all application documents have been received you will be contacted by telephone to schedule a personal interview. Phone or Skype interviews will be conducted for those who live out of state.

I live out of state and will need a phone interview Yes

No