

Oshio College of Acupuncture & Herbology (OCAH)

Suites 110/114 1595 Mckenzie Avenue
Victoria, British Columbia V8N 1A4
Canada

Telephone: (250) 472-6601 Fax: (250) 472-6611 Email: oshio@shaw.ca

APPLICATION FOR ADMISSION

Type or print. Use a separate paper if necessary.

To commence study in: (MM/DD/YY) _____

1.1. Personal Information

Full name: _____	Telephone: _____
Date of application: _____	Fax: _____
Address: _____	Email address: _____
Province/State: _____	Date of birth (Optional): _____
Postal Code: _____	Citizen of: _____
Country: _____	Permanent resident of: _____

1.2. If you are a foreign student, please provide an address where you can be contacted in Victoria (Optional):

2. Education. Please send us transcripts and list secondary school and post secondary schools and degrees:

3. Two letters of recommendation. List the names of individuals from whom you have requested letters of recommendation. These should include one teacher and one other professional (**exclude relatives and close personal friends**) who can comment on your potential as a health-care practitioner and on your ability to engage the program at the OCAH.

Name	Professional Title and Institution	Contact Phone #

4. Related training. Indicate previous training in Chinese medicine and/or related fields(Optional):

5. Work. Indicate your work experience for the last two years, naming your employer, contact person, and Telephone(Optional):

6. Finances. Explain how you will finance and support yourself while attending the program:

7. Personal essay. On a separate piece of paper, please discuss the processes and experiences that have led you to want to study Chinese Medicine (maximum 500-600 words).

A complete application contains:

1. Completed application form, items a - e.
 - a) Copy of Drivers License or Photo page of a valid Passport.
 - b) Official Transcripts of all previous post secondary and secondary education.
 - c) Two letters of reference to be sent directly to OCAH.
 - d) Recent Photograph
 - e) Non-refundable Registration fee of \$100.00 CDN.
2. Photocopies of diplomas, membership documents, etc.
3. Personal essay

Application should be sent to:

**The Registrar
Oshio College of Acupuncture & Herbology
Suites 110/114 1595 Mckenzie Avenue
Victoria, BC, V8N 1A4
Canada**

Applicants are advised to familiarize themselves with the current Calendar. Occasionally it is necessary for us to change the order of presentation in a class or the instructor. In all cases we try to provide an equivalent educational experience and always provide instructors who are fully qualified. The Application Committee may request a personal, telephone interview with any applicant. All materials filed in support of this application become part of your permanent, confidential record at the OCAH. They are not returnable.

I HEREBY ATTEST THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE.

Signature of applicant/Date

Accepted for Oshio College/Title/ Date