



Full Legal Name *

Gender *

Date of Birth A.S.N. if known

Mailing Address

City or Town *

Country

Postal Code

Home Phone

Cell Phone *

Email

Choose Program * The Acupuncture Diploma program
 Doctor of Traditional Chinese Medicine Program | Double Major
 Bachelor of Traditional Chinese Medicine | Study in Canada & China
 WE Integrated Massage Therapist | 1113 hrs | 1 year
 WE Integrated Massage Therapist | 2200 hrs | 2 year

Choose Option * Full-time Part-time Transfer from other TCM School

Start Date *

*Note: All programs start every September.
Transferred students may be eligible to start in Winter/Spring semester.*

Immigration Status Canadian Citizen Landed Immigrant Int'l Student
 Other:

Student Visa Exp. Date

Country of Birth Country of Citizenship



CANADIAN INSTITUTE
OF TRADITIONAL
CHINESE MEDICINE
FULFILLED LEARNING

138 17 Ave NE,
Calgary, AB T2E 1L6
Phone: +1.403.520.5289
Toll-free: +1.888.859.8686
Fax: 1.866.428.2909

School Name

City

Period

Academic Level Achieved

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School Name

City

Period

Academic Level Achieved

.....

School Name

City

Period

Academic Level Achieved

.....

School Name

City

Period

Academic Level Achieved

.....

Please send us transcripts and list secondary school and post secondary schools.



Employer

City

Period

Position

Reason Left

Employer

City

Period

Position

Reason Left

Employer

City

Period

Position

Reason Left

Employer

City

Period

Position

Reason Left



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Related Training/Experience

City

Period

Position

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Position

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Related Training/Experience

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Position



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References: Name

Professional Title

Origination/Institution

Contact Phone

References: Name

Professional Title

Origination/Institution

Contact Phone

Note: Reference letters must be supplied with the application. They can be emailed or mailed to CITCM. No Relatives or Family Members.

How will you finance yourself while attending the program?

Personal Letter of Intent (*Or attach it separately to your email with this form*)

Please mail or email us this form back.