



7750 Montpelier Road, Laurel, MD 20723
www.tai.edu 800-735-2968

Application for Admission

Post-Master's Certificate in Animal Acupuncture March 2012

Personal Information (Please type or print legibly in ink)

Full Legal Name (last) _____ (first) _____ (middle) _____

Home Address _____

City _____ Home Phone (_____) _____

State _____ Zip _____ Cell Phone (_____) _____

County (if in MD) _____ Office Phone (_____) _____

Social Security Number _____ E-mail Address _____

Birthdate (mm/dd/yyyy) _____ Gender (check one) female male

Nickname _____

Other name(s) you have used in school(s) you have attended _____

Emergency contact: Name _____

Address _____

Daytime phone (_____) _____ Relationship _____

Ethnic origin (optional; for statistical purposes only)

- American Indian/Alaskan Native
- Black/African American
- White/Caucasian
- Asian/Pacific Islander
- Hispanic
- Other

Tai Sophia Institute Use Only

Date Rec'd	App. Fee	Eligibility Letter	Database	Enroll Packet	Misc.

Have you ever been convicted of a criminal act? _____ If so, please explain on a separate sheet.

How were you referred to Tai Sophia Institute? (choose all applicable & explain)

- Person: graduate student staff/faculty family/friend please provide name(s) _____
- Advertisement _____
- Organization _____
- www.tai.edu
- Other _____

Citizenship

Are you a United States Citizen? Yes No

Non-U.S. citizens only:

Country of citizenship _____ City and country of birth _____

What is your first language? _____ What type of U.S. visa do you currently hold? _____

Are you a permanent U.S. resident? _____ Alien # _____

What type of immigration status do you plan to hold while at Tai Sophia? _____

Admissions Requirements

Admissions Eligibility Status

Please check your status from one of the following categories and, where requested, submit required supporting documentation.

To be eligible you must be a licensed acupuncturist with a master's degree.

- Currently licensed acupuncturist in the U.S.

Required supporting documentation:

- Official transcript of your highest postsecondary degree

School / degree: _____

- Official transcript of your acupuncture education

School / certification: _____

- Copy of current license to practice acupuncture

State: _____

- Currently licensed veterinarian in the U.S.

Required supporting documentation:

- Official transcript of your highest postsecondary degree

School / degree: _____

- Official transcript of your acupuncture education

School / certification: _____

- Copy of current DVM license

State: _____

- Copy of the International Veterinary Acupuncture Society (IVAS), The Chi Institute, or other veterinary acupuncture certification

Application Essay

In a typed essay of approximately 500 words, and on a separate sheet of paper, please describe in detail the following:

Acupuncturists:

- Your current acupuncture practice with humans (please include the average number of patients you see weekly).

Acupuncturists and Veterinarians:

- Your experience with animals.
- Why you want to add animal acupuncture to your current practice.

Please Note: It is also strongly recommended that you examine your comfort level with small animals and horses before applying to this program. In this program you will work with animals in a healing way — and it is essential to do so in a manner that is safe for you, the animal, and the owner. Be prepared to experience and handle all aspects of animal behavior.

Licensure

This program meets the requirements for Maryland licensed acupuncturists to apply to the Maryland Board of Acupuncture for Animal Acupuncture Certification, and meets or exceeds the requirements for certification/licensing in U.S. states (where applicable).

If you are a licensed acupuncturist outside of Maryland, it is your responsibility to check with your current state acupuncture board to determine whether animal acupuncture is in the scope of practice.

Application Signature

I certify that the information I have provided is complete and accurate. I authorize Tai Sophia Institute to make reasonable inquiry as to the accuracy of information provided in this form. I understand that Tai Sophia Institute reserves the right to request additional information. I realize that the falsification of any information may be grounds for denial or dismissal.

Applicant's Signature _____ Date _____

Application Fee

I am enclosing a check or money order, made payable to Tai Sophia Institute.

I authorize Tai Sophia Institute to charge an application fee of \$50 for the Graduate Certificate in Animal Acupuncture to the credit card below:

Visa MasterCard

Account number _____ CCV code _____

Expiration date (month/year) _____

Signature and date _____

Name on card (please print legibly) _____