



AMERICAN INSTITUTE OF ALTERNATIVE MEDICINE APPLICATION FOR ADMISSION

PLEASE CHECK YOUR DESIRED PROGRAM (and complete year)

<input type="checkbox"/> Acupuncture Program (27 months) <input type="checkbox"/> Spring Quarter, 20____ <input type="checkbox"/> Fall Quarter, 20____	<input type="checkbox"/> Western Massage Therapy Program <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Spring Quarter, 20____ <input type="checkbox"/> Summer Quarter, 20____ <input type="checkbox"/> Fall Quarter, 20____ <input type="checkbox"/> Winter Quarter, 20____
<input type="checkbox"/> Chinese Massage Therapy Program (12 months) <input type="checkbox"/> Spring Quarter, 20____ <input type="checkbox"/> Fall Quarter, 20____	<input type="checkbox"/> Medical Assisting Program <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Winter Quarter, 20____

DATE OF APPLICATION

SOCIAL SECURITY NUMBER

LAST NAME PREVIOUS NAME(S) if any

FIRST NAME MIDDLE NAME SUFFIX (e.g. Jr., II)

MAILING ADDRESS

CITY STATE ZIP

CURRENT ADDRESS (if different from above)

CITY STATE ZIP

HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

EMPLOYER

POSITION

WORK PHONE

FOR REPORTING PURPOSES ONLY:

MARITAL STATUS:

- Single (Unmarried)
- Married

GENDER:

- Male
- Female

RACE ETHNICITY:

Do you consider yourself to be Hispanic/Latino?

- Yes
- No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- Caucasian
- Other

RESIDENT STATUS:

Please note: For those who qualify, need-based financial assistance is only available to U.S. citizens and permanent residents.

Are you a (please check one):

- U.S. Citizen
- Permanent Resident
- An eligible non-citizen
- Non-Resident Alien (visa type and date of entry to U.S.)

HOW WILL YOU PAY FOR YOUR TUITION?

- Self
- Parent/Relative
- Federal Financial Aid
- VA Benefits
- Other

HOW DID YOU HEAR ABOUT AMERICAN INSTITUTE OF ALTERNATIVE MEDICINE?

- Newspaper
- Internet
- Magazine
- Radio
- Television
- Other



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Application continued...

In case of emergency, please contact

Relation to Applicant

Address () - City () - State Zip

Day Phone Evening Phone

High School/ GED

Name & Location	From	To	Diploma	GPA/ GED score	Extracurricular Activities, Honors, Awards

College, Graduate School, Oriental Medicine, Massage Therapy, Vocational or Professional Training

Name & Location	From	To	Degree	Major	GPA	Extracurricular Activities, Honors, Awards

Transfer Credit: Do you have credits from another accredited academic institution that you feel may be transferable?

- Yes
 No

*Please note: Students wishing to transfer credits into AIAM must pay \$50 transcript credit evaluation fee and provide official transcripts at least **45 days prior** to the start of class.*

NOTE: In connection with my application with the American Institute of Alternative Medicine, I understand that a consumer report, which may contain public records information, is being requested.

Do you have a felony conviction record? (MUST CHECK ONE)

- Yes
 No

Please note: the law regulating the practice of massage therapy and acupuncture states that the State Medical Board of Ohio (SMB) may deny a convicted felon a license or the privilege of sitting for the examination.

*The American Institute of Alternative Medicine must disclose to all students that both the SMB and the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) will investigate a prior conviction and they may determine that some crimes are incompatible with certification as an independent provider of healthcare. **Completion of our programs does not in itself entitle a candidate with a prior conviction to national certification or to state of Ohio licensure.***

I hereby attest that all information provided in this application is true and accurate. I understand and agree that any misrepresentation or omission of facts in my application will justify the refusal of admission consideration, cancellation of admission, and/or dismissal from The American Institute of Alternative Medicine. I authorize the verification of my credentials for admission.

SIGNATURE (required)

DATE



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Application Checklist

- Completed Application** for Admission **Due:**
- Application fee** payable to AIAM. Refundable if cancelled within five (5) calendar days after the date of signing and requested entry.
- \$100 Master's Level Acupuncture Program
 - \$75 Western Massage Therapy Program
 - \$90 Medical Assisting Program
 - \$90 Chinese Massage Therapy Program
- Due:**
- For Chinese Massage Therapy & Western Massage Therapy applicants**, a Preliminary Education Number (PEN) application is to be submitted to AIAM, along with notarized copies of all name change documents (if applicable), and a check or money order made payable to the State Medical Board Ohio for \$35.00. **Due:**
- Apply for Financial Aid** **Due:**
- Contact information for two (2) references** from current or previous employer(s) or other responsible individuals who have known you for at least two years. (No family members) **Due:**
- A completed physical health form from your physician** (MD, DO or chiropractor). **Note:** Acupuncture and Medical Assisting students will need the Hepatitis B Vaccine, series of 3. Confirmation of first shot/or Hepatitis B Vaccine waiver will need to be turned in with physical form. The 2nd shot will be needed for class 1106 AT, and the 3rd shot will be needed for 1203 AT for acupuncture. Students can complete a waiver for the vaccine. **Due:**
- For Chinese Massage Therapy & Acupuncture applicants**, official transcripts sent directly to AIAM from colleges previously attended. **Note:** Satisfactory completion of at least an associate's degree and/or 60 semester credits or 90 quarter credits at the baccalaureate level **Due:**
- For Western Massage Therapy applicants**, official transcripts sent directly to AIAM from high school attended, or official transcript of GED results. For GED results, the following website offers forms for requesting transcripts in the United States: <http://www.acenet.edu> **Due:**
- For International applicants**, if English is not your first language, you must demonstrate English competency with a TOEFL score of at least 480 for the paper examination or at least 157 for the computer based exam. **Due:**
- A one page personal statement** including why you want to complete the program of interest, how you plan to use your education, and how you are planning on ensuring your success in this program will be required for students who do not meeting GPA requirements. Students who do not meet the GPA requirements (**2.5 GPA for 12 month applicants and 2.0 GPA for 9 month applicants**) will also be required to complete a GPA waiver form and may be asked to obtain college transcripts if applicable. **Due:**

Please mail completed application, appropriate application fee and all other supplementary documentation to:

AMERICAN INSTITUTE OF ALTERNATIVE MEDICINE

ADMISSIONS

6685 DOUBLETREE AVENUE

COLUMBUS, OHIO 43229

TELEPHONE: 614.825.6255

FACSIMILE: 614.825.6279



AMERICAN INSTITUTE OF ALTERNATIVE MEDICINE
APPLICATION FOR ADMISSION

Request for High School Transcript

Complete this form and take or mail it, with the appropriate fee, to your high school.

Instructions to High School:

Upon receipt of this form, please forward a copy of the official transcript of the applicant to:

**American Institute of Alternative Medicine
Office of Admissions
6685 Doubletree Avenue
Columbus, Ohio 43229**

The transcript must show:

- Month, day and year of graduation
- Total credit hours earned & Cumulative Grade Point Average (GPA)
- Student Applicant's date of birth
- Embossed school seal and/or the hand-written signature of a school official and his or her title.

Please check to ensure that the above information is included on the transcript. If the transcript is not acceptable, a new one will be requested. Thank you!

Name of Student Applicant _____ SSN _____ -- _____ -- _____

Name on High School Transcript _____ Date of Birth ____ / ____ / ____

Home Address _____ Phone () _____ -- _____

High School _____

School Address _____

Please check correct status:

Graduated Will Graduate Withdrew Date _____ / _____ / _____

I authorize the above named school to release the documents requested to the American Institute of Alternative Medicine.

Signature of Applicant

_____/_____/_____
Date



AMERICAN INSTITUTE OF ALTERNATIVE MEDICINE
APPLICATION FOR ADMISSION

Request for College Transcript

Complete this form and take or mail it, with the appropriate fee, to your college.

Instructions to College:

Upon receipt of this form, please forward a copy of the official transcript of the applicant to:

**American Institute of Alternative Medicine
Office of Admissions
6685 Doubletree Avenue
Columbus, Ohio 43229**

The transcript must show:

- Month, day and year of graduation
- Total credit hours earned & Cumulative Grade Point Average (GPA)
- Student Applicant's date of birth
- Embossed school seal and/or the hand-written signature of a school official and his or her title.

Please check to ensure that the above information is included on the transcript. If the transcript is not acceptable, a new one will be requested. Thank you!

Name of Student Applicant _____ SS# _____ -- _____ -- _____

Name on College Transcript _____ Date of Birth ____ / ____ / ____

Home Address _____ Phone () _____ -- _____

College _____

College Address _____

Please check the correct status:

Graduated Will Graduate Withdrew Date _____ / _____ / _____

I authorize the above named school to release the documents requested to the American Institute of Alternative Medicine.

Signature of Applicant

_____/_____/_____
Date



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Reference Contact Information

To the applicant: Please provide contact information for two professional people who have known you for at least two (2) years and have knowledge of your academic abilities and character. (No family members)

Applicant Name _____ Date ____/____/____
Address _____
Phone - Home (____) _____ -- _____ Work (____) _____ -- _____

Reference Name _____ Relation to applicant _____
Home or Work Address _____ City _____
State, Zip _____ Phone: Home or Work () _____ -- _____

Reference Name _____ Relation to applicant _____
Home or Work Address _____ City _____
State, Zip _____ Phone: Home or Work () _____ -- _____



AMERICAN INSTITUTE OF ALTERNATIVE MEDICINE APPLICATION FOR ADMISSION

Physical Health Examination Form (Valid for one year from examination date)

Student's Name

Date of Birth

Address

City

State

Zip

Student's Signature to Authorize Information Release (**sign above**)

Dear Physician,

The above applicant has applied for enrollment to the American Institute of Alternative Medicine to study Acupuncture, Western Massage Therapy, or Chinese Massage Therapy. All require the student practitioner to touch other students and the general public. During the course of professional training, the student will give and/or receive acupuncture needling/massage almost daily. For this reason, the following health clearance is important to the school for both the student's well being, as well as the well being of the general public.

Please certify that you have examined the above named student and indicate whether or not he/she suffers from any infectious or communicable disease or has any additional mental or physical health conditions that would prevent him/her from undertaking a rigorous course of study and safely performing as a student of Acupuncture, Western Massage Therapy, or Chinese Massage Therapy.

I certify that I have examined the above named student and would:

Recommend without hesitation

Not able to recommend for the following reason(s): _____

MEDICAL ASSISTING STUDENTS

Prior to enrollment, **Medical Assisting students must submit proof of up-to-date vaccinations**, including the Hepatitis B vaccine (series of 3) or a signed waiver. Students must also submit proof of a negative two-step Mantoux (TB) Test (or negative results from X-ray for persons unable to have the Mantoux).

ACUPUNCTURE STUDENTS

Prior to enrollment, **Acupuncture students are required to have the Hepatitis B Vaccine Series. Confirmation of the 1st shot will need to be turned in with this physical form.** The 2nd shot will be needed by class 1106 AT, and 3rd shot by class 1203 AT.

I, _____, hereby declare that I have been informed of the potential risk/hazard of Hepatitis B exposure and that

I DO WISH

I DO NOT WISH

to obtain a Hepatitis B vaccination, or

I have received the Hepatitis B Vaccine Series.

(You need to show proof of Hepatitis B Vaccine Series) I hereby agree that I will not hold American Institute of Alternative Medicine responsible for any liability, loss, charge, damage, expense or injury incurred as a result of my taking part, or not taking part in the Hepatitis B vaccine.

(Notes) _____

Physician's Signature

Physician's Printed Name

Address

() - () - / /

Phone Number

FAX Number

Date

Please return immediately via mail or fax to:

American Institute of Alternative Medicine
Office of Admissions
6685 Doubletree Avenue
Columbus, Ohio 43229
Telephone 614.825.6255
Facsimile 614.825.6279

(Physician's Stamp needed for approval)