American Institute of Alternative Medicine
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Please submit the completed form along with payment via email, fax, or mail:

Email: jbrooks@aiam.edu **Fax:** 614-825-6279 **Mail:** Office of the Registrar
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Columbus, Ohio 43229

Please note that payment can also be made by calling reception and giving information over the phone.

☐ **Check box if this is to be sent with a NCCAOM Pre-Graduation Verification Form.**

Student Information

_____ - _____ - _____ _____
Social Security Number Class Of

_____
Last First MI

_____
Address

_____
City State Zip

( ) _____
Telephone Email

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_____ Address	_____ Address
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