**Calgary College of Traditional Chinese Medicine and Acupuncture**

**(CCTCMA)**

#107 and #217, 4014 Macleod Trail. South. Calgary

Alberta Canada T2G 2R7

Website: [www.cctcm](http://www.cctcma.com)a.com

**Admission Application Form**

Complete applications are reviewed on the ongoing basis for entrance into September classes. Applicants are strongly urged to submit application materials as early as possible due to limited class size. Please contact with CCTCMA if you require any assistant with this application.

I am applying for the:

🞎 Three-year Acupuncture Diploma Program

🞎 2200 Hour Registered Massage Therapy (RMT) Diploma Program

🞎 Four-year Doctor of TCM Diploma Program

🞎 Full time

🞎 Part time

**Personal Information**

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| Last Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | First Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | | |  |  | |
| Middle Name Initial: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Gender: | Male/Female | |
| Date of Birth (mm/dd/yy) | | \_\_\_\_\_\_\_\_\_\_\_ | | Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Permanent Address of Applicant: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Province: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Country: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Post Code: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone(work): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Telephone(home): | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone(cell): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Preferred contact: | | Home/Work/Cell |
| Citizenship: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |

**Education**

Please list secondary school and post-secondary schools and degrees in the space below. Copies of official transcripts are required from all institutions.

Institutions Dates Location Level Attained

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**Additional Information:**

Have you ever been convicted of any crime?

Yes/No (If yes, please provide detailed descriptions)

Have you ever been diagnosed with any contagious diseases or serious life threatening diseases in the past five (5) years?

Yes/No (If yes, please provide detailed descriptions)

I HEREBY ATTEST THAT ALL STATEMENT ON THIS APPLICATION AND ENCLOSED DOCUMENTS ARE TRUE, AND NO RELEVANT INFORMATION HAS BEEN WITHHELD. I ALSO AGREE TO ABIDE BY THE REGULATIN AND RULES OF THIS COLLEGE.

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**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes for Application Procedure:**

**Step One:  Submit your complete signed application package**

Submit your complete application package to:

Calgary College of TCM and Acupuncture

107, 4014 Macleod Trail, South

Calgary, Alberta, Canada  T2G 2R7

Complete application package check list:

🞎 A complete, signed application form (the form can be downloaded from our school website),

🞎 A non-refundable application fee of $200.00 dollars, ($500.00 for international students), payable to Calgary Oriental Health Ltd.,

🞎 Copies of all official transcripts,

🞎 Copies of all diplomas, certificates, and/or degrees,

🞎 One (1) recent photograph,

🞎 Two (2) written references,

🞎 A current resume,

🞎 A personal letter expressing the reasons for pursuing this training, and

🞎 A copy of a government-issued photo ID

**Step Two: Acceptance and Tuition Deposit**

1. Applicants may be contacted to schedule an in person or telephone interview,
2. The Letter of Acceptance and Alberta Student Enrolment Contract will be delivered to the prospective student by mail, email or in person,
3. The signed Alberta Student Enrolment Contract must be returned to the Calgary College of TCM and Acupuncture within 10 business days,
4. All materials in this application become part of your permanent, confidential record at CCTCMA; they will not be returned, and
5. Applicants are strongly advised to familiarize themselves with the current curriculum and policy information via our college website and/or information package.

Calgary College of TCM and Acupuncture

Tel: 403-287 8688

Fax: 403-287 8660

Email: [info@cctcma.c](mailto:info@cctcma.com)om [www.cctcm](http://www.cctcma.com)a.com