

MIDDLE WAY ACUPUNCTURE INSTITUTE
NATURE-BASED INTEGRATED STUDIES IN ACUPUNCTURE

APPLICATION FOR ADMISSION

Name _____ Age _____ Sex _____
First Middle Last

Home Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Work _____ Cell _____

Birth Date* _____ Citizenship _____ SSN# _____ Gender _____

EDUCATION

In chronological order, please list all accredited, college-level and/or technical institutions you have attended since high school.
Official, sealed transcripts from all institutions listed below must be mailed to MAI Admissions.

Accredited College/University Other	Dates Attended	Area of Study	Degree	Date Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any previous study of acupuncture _____

Is English your first language? _____. Please be aware that all instruction is in English and that the state requires a TOEFL score of 550 to apply for a license.

PROFESSIONAL BACKGROUND (from present to past)

Place of Employment	Dates Employed	Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present Occupation _____

Do you have any current professional license or certificate in the healing arts from a state agency? No Yes

Please specify _____

How were you referred to the school? _____

How do you plan to finance your acupuncture education? _____

MIDDLE WAY ACUPUNCTURE INSTITUTE
NATURE-BASED INTEGRATED STUDIES IN ACUPUNCTURE

How do you plan to make the time needed for home study (point location, pulses, etc.)? At least 15– 20 hours per week is recommended.

If you are currently working, what plans do you have for a transition to practicing acupuncture? _____

Describe your current state of health, physically and emotionally. _____

Disability? Yes No Describe _____

Race (Check one)(Optional) White/Caucasian, Hispanic, Black/African American, Asian, Hawaiian/Pacific Islander, Multi-racial, Other

Yes, I have had a Five Element acupuncture treatment: Please describe your personal experience of what acupuncture treatment has been like for you. _____

No, I have not had Five Element acupuncture treatment.

We strongly recommend treatment with a Five Element practitioner before starting this program. Treatment is required while in school, however, we recommend that you experience acupuncture before you start.

Describe any concerns or questions you have about the school and/or your ability to complete all the requirements of the program. _____

PLEASE USE ADDITIONAL PAPER AS NEEDED

In Case of Emergency contact:

Name _____ Phone(s) _____
Address _____ Relationship _____

Enclosed with this form is a non-refundable \$100.00 registration fee and two passport-size photos.

Applicant Signature

Date signed