



PACIFIC COLLEGE OF ORIENTAL MEDICINE, NY

CLINIC REGISTRATION FORM – Spring 2008 - Please read attached memo first.

Registration #: _____

Student Name: _____

PLEASE PRINT CLEARLY

Circle your Program: **MSTOM / MSAC**

Complete the front and back of this form and submit to the clinic office.

Please place a check mark (✓) next to the clinic courses that you are registering for:

	Post Fall '02-Spring '04	
Course #	Clinic Course	✓
C573.04	Assistant #3 Practitioner	
C575.04	Assistant #4 Practitioner	
C660	Intern #1	
C662	Intern #2	
C664	Intern #3	
C665	Intern #4	
C760	Intern #5	
C762	Intern #6	
C764	Intern #7	
C766	Intern #8	
C768	Intern #9	

	Post Fall '04	
Course #	Clinic Course	✓
C465	Observer #1	
C475	Assistant #1	
C485	Assistant #2 Practitioner	
C563	Associate Internship #1	
C565	Associate Internship #2 (w/Practitioner)	
C567	Associate Internship #3	
C663	Internship # 1	
C666	Internship #2	
C669	Internship #3	
C761	Internship #4	
C763	Internship #5	
C765	Internship #6	
C880	Internship #7	
C882	Internship #8	
C884	Internship #9	

Orientation Dates – Please check & write in your own calendar.

Observer #1	✓	Assoc. Int / Assistants only!	✓	Interns only!	✓
Mon, 3/24 1:00-2:30pm		Tues, 5/6 5:00-5:45pm		Tues, 5/6 5:45-6:30pm	
Tues, 3/25 5:30-7:00pm		Thurs, 5/8 12:15-1:00pm		Wed, 5/7 12:15-1:00pm	
		Fri, 5/9 5:15-6:00pm		Thurs, 5/8 5:15-6:00pm	