PACIFIC COLLEGE OF ORIENTAL MEDICINE, NY

MASSAGE CLINIC REGISTRATION FORM – Spring 2008

Registration #: _____

Student Name: _____

PLEASE PRINT CLEARLY

Circle your Massage Program: **AOS / BPS**

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:

	AOS	
Course #	**Clinic Course**	✓
226	Clinical Skills 2	
227	Clinical Skills 3	

	BPS	
Course #	**Clinic Course**	✓
318	Tuina Internship #1	
420	Tuina Internship #2	
421	Tuina Internship #3	

<u>Orientation Dates – Please circle an orientation date below that you will attend, & make certain to note in your calendar.</u>

AOS Program	**BPS Program**
CS2 Course 226 Mon. 3/24 1:00-2:30pm	Tuina Course 318 Mon. 3/24 1:00-2:30pm
CS2 Course 226 Tues. 3/25 5:30-7:00pm	Tuina Course 318 Tues. 3/25 5:30-7:00pm