



**San Diego Campus**

Pacific College of Oriental Medicine  
7445 Mission Valley Road, Suite 105  
San Diego, CA 92108  
(619) 574-6909, (800) 729-0941

**New York Campus**

Pacific College of Oriental Medicine  
110 William Street, 19th Floor  
New York, NY 10038  
(212) 982-3456, (800) 729-3468

**Chicago Campus**

Pacific College of Oriental Medicine  
65 East Wacker Place, 21st Floor  
Chicago, IL 60601  
(773) 477-4822, (888) 729-4811

All application information is confidential. All application materials, once submitted, are the property of Pacific College of Oriental Medicine and cannot be returned to the applicant. Please print throughout and use additional pages, if necessary.

**1. Applying for Program:**

**Acupuncture**

Entry Level Doctorate (San Diego/Chicago)

Acupuncture Only

Acupuncture and Herbology

Master of Science Traditional Oriental Medicine

Master of Science Acupuncture (NewYork/Chicago)

Herbology Certification (New York)

**Massage**

Associate of Applied Science (San Diego/Chicago)

Associate of Science (San Diego/Chicago)

Associate of Occupational Studies (New York)

Massage Therapy/Asian Bodywork (San Diego/Chicago)

**Nursing**

BSN Nursing (Holistic Nursing) (New York)

Holistic Nursing Certificate (New York)

Public Education

Non-Matriculated Student

Beginning: Year \_\_\_\_\_ Term  Fall  Winter  Spring

**2. Personal Information:**

Social Security Number \_\_\_\_\_

Legal Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ (NY residents) County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax, if available \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Country of Birth \_\_\_\_\_

Male  Female  T-shirt size: \_\_\_\_\_

I own a laptop computer.  Yes  No

I own a desktop computer.  Yes  No

3. If you are **not** a U.S. citizen, what is your country of citizenship? \_\_\_\_\_

Do you have or will you apply for a student (F-1) Visa?  Yes  No

If yes, please fill in the following information:

a) The I-20 should be sent to (check one):  Permanent address  Present address

b) My financial sponsor is (include name and relationship) \_\_\_\_\_

c) Will you be bringing your spouse and/or children?  Yes  No

If yes, please write the first and last name, date of birth, country of birth, and relationship of each dependent on a separate sheet of paper.

d) Were you enrolled in another U.S. college/school within 5 months of enrollment at Pacific College?  Yes  No

If not, please check the appropriate box: permanent resident \_\_\_\_\_, refugee \_\_\_\_\_, other non-immigrant status (please identify) \_\_\_\_\_, other \_\_\_\_\_.

4. Have you applied previously to Pacific College?  Yes  No If yes, what year? \_\_\_\_\_

5. **Prior Education:** Highest level of education completed:  GED  HS  HS+  60+ Credits  AS  AAS  AOS  90+ Credits

BA  BS  BFA  MA  MS  Prof. Doc.

Please chronologically list your high school and all colleges and universities attended:

Name of Institution	From	To	Major	Degree/Diploma or # of Units*	GPA
High School					
College					
(Attach additional sheet if necessary)					

\* Please indicate whether quarter units, trimester units, or semester units

**Office Use Only**

Date received:

Application Fee: \$50 (US)

Date Paid:

Receipt #:

**6. Personal statement****Doctor, Master, and Bachelor Degree Applicants:** (1-2 pages)

Please type your statement on 8.5" x 11" paper, double-spaced, and submit with this application form. Please save in PDF format if emailed.

TOPIC: The nature and demands of the Oriental medical/holistic health profession require personal attributes and motivation which complement intellectual abilities. Please address the following topics:

1. Describe what you think makes you a good candidate to become an Oriental medicine practitioner or holistic health professional.
2. Discuss experiences you have had, and how these experiences and your values could make a contribution to your own and your patients' healthcare.
3. As this education is also a process of self-exploration, identify some ways you hope to develop personally on your journey to becoming a healer and how you envision that process.

**Associate and Certificate Program Applicants:** In the space below, please write 2-3 sentences describing your reason(s) for pursuing this program or certificate:

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**7. In case of emergency, notify:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**8. Plans to finance education:**Are you able to completely finance your own education (tuition, fees, living expenses, transportation, etc.)?  Yes  No**If no**, please estimate the amount of supplementary funds you will need from grants, loans, scholarships, or other personal sources during your enrollment at Pacific College: \$ \_\_\_\_\_**What resource(s) will you use to fund your education?:**  Financial Aid  VA Benefits  Cash  Other \_\_\_\_\_**9. Employment and volunteer service:** Please list all paid employment (full and part-time) and/or voluntary service for at least the last three years, beginning with your most recent position (attach extra sheet if necessary):

From Month/Year	From Month/Year	Total Months	Hours Per Week	Position	Organization	City and State

**10. References:** Email, fax, or mail letters of reference directly to the college. (Master and Bachelor degree applicants only.)**11. Racial/Ethnicity status (optional):**

Race (Check Only One):

- White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander  2 or more races

Ethnicity (Check Only One):

- Hispanic or Latino  
 Race and ethnicity unknown  Nonresident alien

**12. Other information:** Have you ever been convicted of a felony or a first degree misdemeanor?  Yes  No

I hereby make Application for Admission to Pacific College of Oriental Medicine, and certify that all information given on this application is true. I authorize Pacific College to investigate all statements on my application.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Application Check List**

An applicant's file is complete when ALL of the following have been received or completed:

**ALL APPLICANTS:**

- A completed Application Form  
 An application fee (\$50 US) (*non-refundable*)  
 Proof of immunization (NY only)  
 One passport-sized photograph  
 Admissions interview  
 TOEFL test of ability to read and write English (If English is 2nd language)

**DOCTOR/MASTER/BACHELOR APPLICANTS (IN ADDITION):**

- A personal statement  
 Official transcripts from all colleges attended, mailed directly to the college, e-transcripts accepted  
 An academic evaluation of transcript (International schools)  
 Copy of RN License (BSN, Nursing)  
 Advanced Transfer Assessment Fee (\$100) - students who attended another *acupuncture or nursing* school for at least one year. (Credited to student account, if enroll)

**ASSOCIATE/CERTIFICATE APPLICANTS (IN ADDITION):**

- A completed SmarterMeasure online assessment (SD only)  
*Applicants will receive written instruction on how to complete this once the application is received.*  
 Official High School Transcript (NY- All applicants; SD/CH: Prior earned degree official transcript ok).  
 BSN Transcript (Nursing Certificate)  
 Acupuncture College Transcript (Herbal Certificate)

**I-20 APPLICANTS (IN ADDITION):**

- An Affidavit of Financial Resources  
 Other required supportive documentation

**Public Education and Non-Matriculated Students:** please see your Admissions Representative for application guidelines.