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# Wu Hsing Tao School, (WHTS) Application for Admission

Attach Passport Photo  
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(For Office Use Only)
Received Application date: ____/____/____
By _____
Registration Fee \$100. <input type="checkbox"/>
Admission Interview date: ____/____/____

- 1) Full Legal Name \_\_\_\_\_ DOB: \_\_\_\_\_
- Home Address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_
- City \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_
- State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_
- County \_\_\_\_\_ Social Security Number \_\_\_\_\_
- Citizenship:  U.S. citizen,  Permanent Resident (Alien #A \_\_\_\_\_)  other (specify country \_\_\_\_\_)

**Note:** In order for the student to become fully immersed in this system of medicine, WHTS asks you to refrain from enrolling in other training programs until graduation. Exceptions must be approved by *Academic Dean*.

- 2) a. Who is your current and/or previous Five Element (“5E”) practitioner? \_\_\_\_\_  
(Students at WHTS must be in 5E treatment throughout the Program)
- b. Please give to your 5E practitioner, The Treatment Documentation Form: to be completed, signed and directly send to WHTS by the practitioner. (see packet or your Admissions Counselor for Form)  
**(If you have not had treatments, please call your Admissions Counselor for information.)**

3) Please state current or past Therapy History you have had and for how long? \_\_\_\_\_

4) Who referred you to Wu Hsing Tao School? \_\_\_\_\_

5) What version of the WHTS catalog do you have? \_\_\_\_\_

**6) Educational History**

Accredited College or University	Dates Attended	Area of Study	Degree	Date Received

Other last names you have used in schools you have attended: \_\_\_\_\_  
 Previous study of Acupuncture \_\_\_\_\_, dates enrolled: \_\_\_\_\_  
 Previous study of Five Elements \_\_\_\_\_, dates enrolled: \_\_\_\_\_

**7) Professional History** (List last two (2) jobs, and any position of importance.)

Place of Employment	Dates Employed	Position/Title	Duties/Responsibilities

Indicate how you have successfully completed or are in the process of completing the following requirements: Put an asterisk next to courses in progress. Official Transcript should be sent directly from the accredited College or University.

**8) Biomedical Western Sciences** (46 credits of Biomedical WS are required for graduation). See catalog.

Course Title	Name of Accredited College or University	Date of Completion	Number Quarter/Semester Hours	Grade

**9) Experience or Training in Other Healing Disciplines**

Type of Work	Where Completed	Dates (from/to)	Approximate # of Treatments

**10) Other Requirements** (These requirements must be completed before clinical phase of training.)

<i>Please include all necessary documentation</i>	Where Taken	Year Taken
Cardiopulmonary Resuscitation ( <i>must be current &amp; on going</i> )		
Hepatitis B Vaccination ( <i>or waiver</i> )		
HIV/AIDS Certificate- 7hrs.		
Tuberculosis Skin Test (PPD) / Chest x-ray ( <i>must be current</i> )		

**11) Other Information**

- a. Do you have any current license(s) or certificate(s) in the healing arts from a state agency? Yes  No   
Please list number & issued by: \_\_\_\_\_
- b. Provide a copy of your L.Ac. License or other health care license (if applicable)

**12)** Have you ever been convicted of a criminal act? Yes  No  If so, explain: \_\_\_\_\_

\_\_\_\_\_

**13)** Is there anything that we need to know about you that may affect your education at WHTS? (i.e. learning challenges such as dyslexia, A.D.D.)? Yes  No  If so, explain: \_\_\_\_\_

\_\_\_\_\_

**14) Application Questionnaire**

Please write a "**Personal Narrative**" on separate sheets of paper. Include your responses to each (1-10) of the following. Head it with "Personal Narrative" and with your name.

**Tell us about:**

1. Your path that led to your application to become a Five Element practitioner.
2. Your motivation for learning Five Element Acupuncture.
3. How you experience yourself as a healer or in service.
4. Your reasons for choosing to study at Wu Hsing Tao School.
5. Your time presently committed to and time available for this program.  
(see catalog for WHTS time requirements)
6. Your schooling and training that brought you to this choice.  
(please note previous acupuncture training if applicable).
7. Your current overall health and your past health history:
  - a. List current or recent medications, the strength and length of time on medications.
  - b. Substance use and explain amount used per day, week or month.
8. Your experience as a self-directed-learner, give an example from your life.  
(see catalog for WHTS philosophy on SDL) give example of following:
  - a. Are you independent & how?
  - b. How have you been a self motivated student?
  - c. As an independent learner, can you follow directions and instructions? Give example.
9. Your personal discipline practice, such as: meditation, Yoga, Tai Chi, Qi Gong, Community Service or other.
10. Your method of fulfilling the financial commitment to school and to yourself.

15) Please have sent directly to WHTS (3) **Letters of Recommendation**. (Found in the school packet or request from your Admissions Counselor.)

16) What enrollment season are you considering? Fall  Spring

17) Application and Registration Fee \$100.00.

**18) Tuition Payment Plans (Tuition = \$36,000)**

**Fall Enrollment Payment Due Dates**

Learning & Tuition Contract	\$6000
February 5	\$6000
June 5	\$6000
October 5	\$6000
February 5	\$6000
June 5	\$6000

**Spring Enrollment Payment Due Dates**

Learning & Tuition Contract	\$6000
August 5	\$6000
December 5	\$6000
April 5	\$6000
August 5	\$6000
December 5	\$6000

**Third Year Payment Policy:** There is no 3<sup>rd</sup> year tuition payment required. The cost of the Clinical Internship is paid for through clinic patient fees. Interns are responsible for collecting patient fees and enforcing the clinic's 24 hour cancellation policy.

- Cost for tuition does not include: books, supplies, materials or sponsored courses offered at WHTS.
- Checks should be made out to **Wu Hsing Tao School**.
- Visa/MasterCard/American Express payment methods are available.
- If payment is not received in the specified time, late charges incur at the rate of 2% per month.

I certify the information I have provided on this application form is accurate and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Admissions Committee Interviewers Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Accepted: Yes  No , Admission Pending: Yes  No , Terms: Yes  No

Terms the student agrees to for entry into the Program: \_\_\_\_\_

Enrollment Season Placement: Fall  Spring