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Wu Hsing Tao School (WHTS) Application for Admission

Attach Passport Photo
here

(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 programs until graduation. Exceptions must be approved by the 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 Five Element Treatment Documentation Form, to be completed, signed and directly sent to WHTS by the practitioner. (see packet or form. **If you have not had 5E treatments, please contact your Admissions Officer for information, or refer to the 5E Practitioner Referral list found in your packet.)**

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

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 jobs, and any position of importance.)

Place of Employment	Dates Employed	Position/Title	Duties/Responsibilities

8) Experience in Other Healing Disciplines

Type of Work	Where Completed	Dates	Approximate # of Treatments

Indicate how you have successfully completed or are in the process of completing the following requirements:
Official Transcript should be sent directly from the accredited College or University.

9) Biomedical Western Sciences (46 quarter credits are required prior to entering Clinical Internship).

Course Title	College or University	Date of Completion	# of credits (quarter or semester)

10) Other Requirements (must be completed prior to entering Clinical Internship.)

<i>Please include all necessary documentation</i>	Where Taken	Year Taken
CPR/First Aid (<i>must be current & on going</i>)		
Hepatitis B Vaccination (<i>or waiver</i>)		
HIV/AIDS Certificate (7 hours)		
Tuberculosis Skin Test (PPD) / Chest x-ray (<i>must be current</i>)		

11) Other Information

- a). Do you have any current licenses or certificates in the healing arts from a state agency?
 Yes No Please list number & issued by: _____
Provide a copy of your license or certificate (if applicable)
- b). Have you ever been convicted of a criminal act? Yes No If so, explain: _____

- c). 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: _____

12) Personal Narrative

Please write a "**Personal Narrative**" on separate sheets of paper. Include your responses to each of the following, title 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.
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 what it means to be a self-directed learner)
 - 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.

13) Please have sent directly to WHTS (2) Letters of Recommendation.

14) What enrollment season are you considering? Fall Spring

15) Application and Registration Fee: \$100.00.

16) 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

**Personal tuition payment plans are available, if necessary. Please meet with the Admissions Officer to discuss this possibility.*

Third Year Payment Policy: There is no 3rd 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