



JUNG TAO SCHOOL OF CLASSICAL CHINESE MEDICINE

Application for Enrollment in the Diploma of Acupuncture Program

Applicant Information

applicant name	
mailing address	
home phone	email address
business phone	occupation
fax	social security number
date of birth	place of birth
are you a resident of the united states? (if no, please contact the admissions director)	

Emergency Contact Information

name	
mailing address	
home phone	email address
business phone	relationship

Evaluator Information - The enclosed evaluation forms must be given to three people whom you have known at least three years. These people may be employers, teachers, colleagues, or professionals with whom you have been associated. They may not be given to relatives. Please sign and date all three forms before giving them out to the evaluators. The evaluators must then mail the completed forms directly to Jung Tao School. Below, list information for the three individuals who will be sending us evaluation.

evaluator 1	phone
evaluator 2	phone
evaluator 3	phone

Education Information - Below, list the name, location, and hours completed for each institution of higher education you have attended. Please have each institution mail an official transcript directly to Jung Tao School. Please remember that you must have at least 60 hours of undergraduate credit to qualify for admission into Jung Tao School.

institution 1
institution 2
institution 3
institution 4

Application Checklist - the following items are required to complete your application packet.

- ☐ Completed application form with recent 2 x 2 inch photo attached.
- ☐ 250 word typed essay about why you are interested in Chinese medicine (please enclose).
- ☐ Complete, up to date resume (please enclose).
- ☐ Copy of valid identification (please enclose).
- ☐ \$50.00 non-refundable application fee (please enclose).
- ☐ Official college transcripts (mailed directly to Jung Tao School from the institution in a sealed envelope).
- ☐ Three letters of recommendation from qualified individuals (to be mailed separately by those individuals).

*please attach a
2 x 2 inch photo*

Pertinent Questions

how did you hear about jung tao school?
how do you plan to finance your education at jung tao school?
have you had any previous training in chinese medicine? (if yes, please describe)
have you had any previous training in any other health care profession? (if yes, please describe)
have you ever had a license, certificate, or credential revoked or suspended? (if yes, please describe)
have you ever been convicted of a felony? (if yes, please describe)

I hereby certify that all information provided in this document and all enclosed materials are accurate and complete. I understand any misrepresentation may constitute grounds for dismissal.	
applicant's signature X	date

All applicants will be notified by mail of preliminary approval or denial of this application within 30 days of receipt of all required materials. You may be required to schedule an on-campus or telephone interview to complete the application process.

For questions regarding admissions or the application process, please contact the Admissions Director at 828.297.4181, or by email at admissions@jungtao.edu.

For additional information regarding Classical Chinese Medicine or Jung Tao School, be sure to visit our website at www.jungtao.edu

Please mail completed application and all accompanying materials to:

Jung Tao School
207 Dale Adams Road
Sugar Grove, NC 28679

Office Use

date application packet received	
dates transcripts received	
dates evaluations received	
date of interview	
date of ruling	<input type="checkbox"/> accepted <input type="checkbox"/> declined
notes	



Dear Madam or Sir:

The prospective student listed below is applying for enrollment in the study of acupuncture and Chinese medical health care, and has given your name as someone who can provide us with an evaluation. We would appreciate your frank opinion of this applicant on this form or, if you prefer, you may use your own form or personal letter.

In selecting students to this program, we depend very much on evaluations of the applicants supplied by persons who know the applicant well. Since the number of qualified applicants far exceeds the number of seats available in the program, we are anxious to select those individuals whose accomplishments, personal attributes and abilities indicate that they have the greatest potential for medical training and practice. Therefore, we ask that you provide a thoughtful and completely frank appraisal of the applicant. If you do not know the applicant well enough to complete this form, please notify him or her and return the form. Your early reply is appreciated since the applicant will not be evaluated without your appraisal. We do not routinely send acknowledgments of all forms received unless specifically requested. Please be assured in advance, however, that we are grateful for your valuable assistance in the evaluation and selection of future Chinese medicine practitioners.

Please return the form to: Jung Tao School, 207 Dale Adams Road, Sugar Grove, NC 28679.

Sincerely,

Barry Marshall
Registrar
828-297-4181

To be filled out by applicant -

<i>I request that you complete both sides of this evaluation form, which is to be returned directly to the above address. I understand that your candid evaluation of me is being sought, and that the completed form will be sent directly to the above address and that it will be held in confidence both from me and the public to the extent permitted by law.</i>	
applicant name	phone
applicant signature X	date

To be filled out by evaluator -

evaluator name	phone
business name	occupation
address	
evaluator signature X	date

Applicant / Evaluator Relationship

How long have you known the applicant?
In what capacity have you been associated with the applicant?

over please...

Please indicate, for each factor below, your assessment of this applicants characteristics (10 being outstanding, 1 being very poor):

Motivation - genuineness to commitment	1	2	3	4	5	6	7	8	9	10
Maturity - ability to cope with life	1	2	3	4	5	6	7	8	9	10
Stability - calmness under pressure	1	2	3	4	5	6	7	8	9	10
Interpersonal Relationships - cooperation	1	2	3	4	5	6	7	8	9	10
Empathy - sensitivity, tact	1	2	3	4	5	6	7	8	9	10
Judgment - common sense, decisiveness	1	2	3	4	5	6	7	8	9	10
Resourceful - original, skillful	1	2	3	4	5	6	7	8	9	10
Reliability - responsibility, dependability	1	2	3	4	5	6	7	8	9	10
Communication - clear, articulate	1	2	3	4	5	6	7	8	9	10
Perseverance - stamina, endurance	1	2	3	4	5	6	7	8	9	10
Compassion - firmness, fairness	1	2	3	4	5	6	7	8	9	10
Confidence - awareness of strengths and weaknesses	1	2	3	4	5	6	7	8	9	10

Please indicate your overall evaluation of this applicant as a candidate for the health care profession:

☐ Outstanding

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

☐ No basis for judgment

In the space below, kindly describe your overall impression of the suitability of this applicant to the health care profession. Please include comments on both his or her personal assets or positive features, and his or her possible liabilities or handicaps as a potential health care provider. Please use additional sheets if necessary.



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applicant signature X	date

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business name	occupation
address	
evaluator signature X	date

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<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> No basis for judgment
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