



SECTION ONE: Instructions

Potential Student:

Thank you for your interest in studying at Pacific Rim College. We are pleased to be an academic leader in the field of Complementary and Integrative Medicine.

You must complete this form if you intend to enroll for the first time in any of the following avenues of study: Community Herbalist Program, Japanese Acupuncture Certificate Program or individual courses without enrolling in a program.

- The **Community Herbalist Program (CHP)** is open to students with a high school diploma or equivalent. Registration Forms are accepted on a rolling basis and registration will be confirmed upon payment of the enrolment deposit.
- The **Japanese Acupuncture Certificate Program (JACP)** is open to students who have completed at least 2 years of formal study in Acupuncture and/or Traditional Chinese Medicine. Students who do not intend to take the full program can take any of the first 3 modules (including Shonishin) independently and can take Modules 4 and 5 only upon completion of the first 3. Registration Forms are accepted on a rolling basis and registration will be confirmed upon full payment of module/program tuition.
- Student wishing to take **courses without enrolling in a program** may do so provided that course prerequisites have been met. This option is available for courses of the Natural Health Program and all diploma programs, with the exception of the Diploma of Eastern Therapies and Bodywork. The schedule of courses for any semester is usually published 6-8 weeks before the start of the semester. Please check the Admission Office for more information. Registration will be confirmed upon payment of full course tuition.

SECTION TWO: Student Information

Registration for:

- CHP
 JACP (full)
 JACP (module)
 Module(s): _____
 Courses only (non-program)

Year _____ Fall
 Winter
 Summer

STUDENT ID (Office use only)

TODAY'S DATE
 _____ / _____ / _____
 DD MM YY

DATE OF BIRTH
 _____ / _____ / _____
 DD MM YYYY

Do you have a high school or GED? Yes No

- Male
 Female

LAST NAME GIVEN NAMES OTHER PREFERRED NAME(S)

Mailing Address

STREET ADDRESS APT/SUITE NUMBER CITY PROVINCE/STATE POSTAL CODE

Permanent Address (if different from above)

STREET ADDRESS APT/SUITE NUMBER CITY PROVINCE/STATE POSTAL CODE

() ()
 HOME PHONE WORK PHONE

()
 CELL PHONE EMAIL ADDRESS



Citizenship

Canadian Citizenship Canadian Permanent Resident

Other _____
NAME OF COUNTRY

OFFICE USE ONLY

Emergency Contact

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE _____ EMAIL ADDRESS _____

How did you hear about Pacific Rim College? _____

SECTION THREE: Academic Information and Credentials

Please provide the following information for all high schools, colleges and universities (college and university information necessary for JACP registrants only) that you have attended in the order of attendance from most to least recent. Attach a separate sheet if necessary.

INSTITUTION	DATES ATTENDED	MAJOR	DEGREE EARNED

Have you ever been licensed as a health care practitioner? No Yes (provide detail)

PROFESSIONAL TITLE	PROVINCE OR STATE, COUNTRY	DATES OF LICENSURE

If any of these licenses have been revoked, suspended or subject to investigation, please attach explanation on a separate sheet.

SECTION FOUR: Verification of Information

I attest that all information provided on this application is accurate. I am aware that deliberate falsification of any admissions information may be grounds for rejection or dismissal from Pacific Rim College.

SIGNATURE _____ DATE _____