SMIC
Institute of Traditional Chinese Medicine Inc.
马尼拉圣功中醫药研究中心

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APPLICATION FOR ADMISSION

Type of Student
☐ **Regular Student** ☐ **Irregular Student**

I am applying for: ☐ Comprehensive Training Program in Traditional Chinese Medicine ☐ Chinese Herbal Medicine Dispenser
☐ Comprehensive Acupuncture Training Program ☐ Others: _____

Personal Data:
Name: _____
Last name First name Middle name

Gender: ☐ Male ☐ Female Date of Birth:_____ Place of Birth: _____

Present Address: _____
Permanent Address: _____
Email Address _____ Landline Number: _____
Office/work Number/s _____ Cell phone No: _____

Educational Background:
College/University:_____ Year Attended: _____
Address:_____ Degrees:_____

Experience:
Present Occupation:_____ From/to:_____
Previous Occupation:_____ From/to:_____
Do you have any work experience in the healthcare profession? ☐ Yes ☐ No
If yes, please describe the job and training:_____

Legal Information:
Have you ever been convicted of a felony? ☐ Yes ☐ No
If Yes, please specify: _____

In Case of Emergency:
Contact person: _____ Relationship: _____
Address/Contact No: _____

Please use this checklist in making sure all items are enclosed in your application.

- **Application form**
- **Application fee: -1800 pesos**
- **Transcripts—all transcripts must be official and must be sent directly from the school/s you attended**
- **College Diploma**
- **Updated resume**
- **Statement of purpose (please write an essay stating why you want to study Chinese Medicine).**
- **At least three letters of recommendation, preferably from individuals who practice Chinese medicine, though recommendations from others are also acceptable.**

I understand that official transcripts of credit earned at other institutions and other documents which have been presented for admission or evaluation for credit become the property of the school and are not returned to the applicant.

I hereby certify that all of the information provided in my application package is accurate and true. And that I am the author of the attached Statement of Purpose.

_____
Signature over printed name / Date

How did you know about our Training Program? Kindly check one:
☐ Internet ☐ Fliers/brochures
☐ Newspaper ☐ Friends/colleagues/relative ☐ Others