American Academy of Health and Wellness Application for Admission

1.Name:		Gender: Male Female Other
Last First	Middle	
2.Address:		
Phone:(H/C	C) (W) Email Address: _	
3.Date of birth:/	Place of birth:	
4.Country of Citizenship:	5. Social Security Nun	nber:
6. Ethnicity: ☐White, non-Hispanic ☐Asia	n / Pacific Islander	ic
American Indian /Alaska Na	ative Black, non-Hispanic	Ethnicity not reported
7. Please indicate your choice:		
Beginning Year:		
Beginning Trimester	Summer	Autumn
8.List all the master's degree program in TO AAHW's application requirement for the		gree program(s), which fulfill
Institution	Date attended	Degree and Date
9. List honors, prizes or scholarships previou list special skills, licenses and accomplishme	•	sis of academic achievement. Also
10. List Publications(articles,books, and rese	earch papers).	

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638	11.Employment Hist	ory. List in chronological order the jobs y	ou have held in the past 5 years.	
The second second	Employer Name	Position and Type of Employment	Dates	
S. C.				
	12.What Is your current occupation?			
	13. Have you ever had a credential or license denied, revoked or suspended? ☐Yes ☐No If yes,please explain:			
	14. Have you ever been convicted of a felony? Yes No If yes,please explain:			
	15. Letters of recommendation. Please list the names and addresses of two persons (non-family members) you are asking to send letters of recommendation. These letters should be sent directly to AAHW.			
	What personal expo Why did you choos your personal and	e to attend AAHW? What effect (if any professional life?	separate sheet) addressing the following: degree in TCM and integrative medicine? do you expect this degree to have on	
	17. List your hobbies			
	18. How Were you referred to AAHW? The following materials must be submitted to AAHWwith this application. A. Completed Application for Admission Form. B. A personal statement as described above (#16). C. Application fee of \$100.00. Non-refundable.			
	D. Official transcripthe institutions).E. Two letters of records.F. Transcripts from formust submit the resurrence.	t of relevant master's degree(s) earned (se ommendation (sent directly to AAHW Ad oreign institutions must be evaluated by a lts of a recognized English-language asses	n NACES member before submission. You	
2/4/5	I hereby certify that t	he information given by me in this applic	ation is true and correct.	
	Signature:		Date:	