



American Academy of Health and Wellness – Application for Admission
 2233 Hamline Ave N, Suite 432 Roseville, MN 55113

1. Full Name: _____

2. Address: _____

3. Phone: (Cell) _____ (Home) _____ (Work) _____

4. Email address: _____

5. Date of birth: _____ Place of birth: _____

6. Country of Citizenship _____ 7. Social security number: _____

8. Ethnicity (check one)

<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

9. Option to choose (check one from each row)

<input type="checkbox"/> 1. Full time	<input type="checkbox"/> 1. Part time	<input type="checkbox"/>
<input type="checkbox"/> 2. Daytime	<input type="checkbox"/> 2. Evening	<input type="checkbox"/> 2. Weekend
<input type="checkbox"/> 3. Masters of Acupuncture	<input type="checkbox"/> 3. Masters of Acupuncture and Oriental Medicine	<input type="checkbox"/>

List all educational institutions that you have attended since high school in chronological order.

Institution	Dates attended	Degree and date	Major field of study

9. List honors, awards or scholarships previously awarded to you on the basis of academic achievement and list special skills, licenses and accomplishments as well.

10. List publications you have created/contributed (articles, books and research papers).

11. Employment history. List in chronological order the jobs you have held in the past 5 years.

Employer name	Position and type of Employment	Dates

What is your current occupation? _____

13. Have you ever had a credential/license 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. Recommendation Letters – Please list the names and email addresses of two individuals (specifically one from your co-worker/supervisor, the other from your doctor/healthcare provider) who you are asking to send letters of recommendation directly to AAHW

16. Personal Statement. Please write a 500-word essay on a separate sheet of paper about yourself and why you want to attend AAHW

17. How were you referred to AAHW? _____

The following materials must be submitted to AAHW with this application.

1. Completed Application for Admission Form.
2. A letter stating your personal educational and professional goals including your reasons for wishing to attend the American Academy of Health and Wellness.
3. Application fee of \$50.00, International application fee of \$150.00.
4. Official transcript from all post-secondary institutions attended (sent directly to AAHW from the institutions).
5. Two letters of recommendation.
6. Foreign students: Transcripts from foreign institutions must be evaluated by AACRAO before submission. You must submit the results of a TOEFL test or IELTS exam if English is not your native language.

I hereby certify that the information given by me in this application is true and correct.

Signature _____ Date _____

American Academy of Health and Wellness is registered with the Minnesota Office of Higher Education pursuant to Minnesota Statutes sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.