

**Dragon Rises College Of Oriental Medicine**  
 1000 NE 16th Ave., Building F, Gainesville, FL 32601  
 (352) 371-2833 • Fax: (352) 371-2867 • www.dragonrises.edu

***Application for Admission***

*Dragon Rises admits qualified students of any race, color, sex, sexual preference, national or ethnic origin. It does not discriminate on the basis of race, color, sex, sexual preference, or national or ethnic origin in administration of its educational policies, admissions policies or other school-administered programs.*

***Please complete, sign and return to the Admissions Department***

Name (Last, First, Middle) Social Security number e-mail address

Current Address (Street, City, State, Zip) Phone Number w/Area Code

Date of Birth Place of Birth Country of Citizenship If Not U.S. Citizen, Visa # and Expiration Date

If different last name(s) appear on transcripts and other documents, please note other name(s) here

Permanent Address and Phone (If Different)

Closest relative (Name, Address and Relationship) Phone number w/Area Code

Person to contact in case of emergency (Name, Address, Phone, Relationship)

Name, Address and Phone number of Employer e-mail address

Have you ever been convicted of a felony? (If yes, please explain using other side)

List in chronological order all post-secondary schools, colleges and universities attended:

Institution	City/State	Dates Attended	Degree and Date or Credit Hours	Major Field of Study

(Please attach additional sheets if necessary)

*Application for Admissions*

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**Please list the names and addresses of two personal references other than family.**

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Name (Last, First) e-mail address

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Current Address (Street, City, State, Zip) Phone Number w/Area Code

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Name (Last, First) e-mail address

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Current Address (Street, City, State, Zip) Phone Number w/Area Code

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**How did you hear about Dragon Rises?** \_\_\_\_\_

**Have you visited Dragon Rises?** \_\_\_\_\_ **Have you visited our website?** \_\_\_\_\_

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Please provide relevant biographical information. This should be brief and typewritten, including your basic philosophy of health care and how you became interested in pursuing a course of study in the field of acupuncture and oriental medicine.

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I certify that the statements and information I have provided on this application are correct and complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return complete application and all supporting documents to:**

Dragon Rises College of Oriental Medicine  
Admissions Department  
1000 NE 16<sup>th</sup> Ave., Building F,  
Gainesville, FL 32601  
TEL: (352) 371-2833      FAX: (352) 371-2867

[www.dragonrises.edu](http://www.dragonrises.edu)

All materials filed in support of this application become part of your record at the Dragon Rises College of Oriental Medicine. They are not returnable.

## Admissions Procedure

New classes begin each August. Applications received after the beginning of the semester will be considered on an individual basis. The applicant must submit the following to the Dragon Rises College Admissions Office:

**The first 5 items must be completed and submitted by the applicant. Each individual item may be sent separately. When the College receives the first item of an application packet, a folder is created, so subsequent items may be added. Be sure to send in your application and fee first.**

- A completed application, with a \$50 application fee. This fee is refundable for a period not to exceed three business days from the date received by the college, if the applicant submits a request in writing.
- A word-processed document containing relevant biographical data, basic philosophy of health care, and a statement relating how the applicant became interested in the field of acupuncture and natural health care.
- Two recent passport size photos.
- Copy of driver's license and social security card, or passport.
- Copy of any professional licenses held.

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**The remaining items must be sent directly to Dragon Rises College by the person/organization you've requested to provide information. The applicant SHOULD NOT collect the items listed below, but instead should request the person/organization mail the documents directly to the college.**

- Two Personal Reference Forms mailed directly to the College.
- A Physician's Statement concerning applicant's current state of health (can be from licensed acupuncturist).
- Official transcripts from all academic institutions previously attended, sent directly to the College.
- Foreign transcript documents written in a language other than English must include the original, a notarized English translation, and an evaluation by the credential evaluation service.

When your application is complete, a representative of the College will schedule personal interviews with the College Admissions Committee members at a mutually convenient time. In the case of extreme distance or handicap a phone interview may be arranged.

(Do not return this checklist with your application. Retain for your own use.)

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## Personal Reference Form

\_\_\_\_\_ is applying for admission to the graduate level program at Dragon Rises College of Oriental Medicine. Students must have the academic and personal strength, moral character, and commitment to become dedicated, responsible, and compassionate health-care practitioners in addition to having the business skills necessary to succeed professionally.

Please help us assess the applicant's strengths, weaknesses, and moral character with regard to graduate study and an eventual career as a health-care provider by answering the following questions. Please feel free to attach additional paper as necessary.

**How long have you known the applicant and what is the nature of your association?**

Please assess the applicant in the following areas:  
**Communication and interpersonal skills**

**Academic ability**

**Organizational skills and ability to set and pursue long-range goals**

**Personal, moral/ethical integrity**

**Degree of self-knowledge and commitment to personal growth**

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**Name**

**Signature**

**Date**

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**Address**

**Phone**

**Please return this form directly to Dragon Rises.**

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**Degree of self-knowledge and commitment to personal growth**

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**Name**

**Signature**

**Date**

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**Address**

**Phone**

**Please return this form directly to Dragon Rises.**

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## Physician's Statement

(Name) \_\_\_\_\_ is applying to the Dragon Rises College of Oriental Medicine's four academic year graduate-level Acupuncture and Oriental Medicine program. Please assess the applicant's health status in the following areas.

Attach additional sheets if needed.

1. Does the applicant have any health conditions (for example, communicable diseases, uncontrolled seizures) which would pose a danger either to the applicant or to a patient in the course of invasive procedures such as needling? (If so, please explain)

If so, are there any special accommodations that would allow the applicant to safely practice such procedures in a clinical setting? (Please explain)

2. Does the applicant have any physical or mental health conditions that would prevent him/her from being able to attend and complete a lengthy and demanding academic program? (If so, please explain.)

If so, are there any special accommodations that would make it possible for the applicant to attend and complete the program? (Please explain)

# Dragon Rises College Of Oriental Medicine

3. Does the applicant have any other physical or mental health conditions that would either pose a danger to the applicant or to patients or other students, or that would interfere with a safe, orderly, and appropriate educational and clinical environment? (If so, please explain)

If so, are there any accommodations that would allow the applicant to successfully participate in the program without interfering with the maintenance of a safe, orderly and appropriate environment? (Please explain)

**IMPORTANT: If there is a recent history of mental illness (within five years), an additional statement from a qualified psychiatrist is required. Please contact the DRCOM admissions office for more information.**

**I certify that the information given here is complete and correct to the best of my knowledge.**

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**Name** **Signature** **Date**

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**Address** **State**

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**License #** **Phone #**

**PHYSICIAN: Please complete both pages and return directly to Dragon Rises College.**