

Dragon Rises College Of Oriental Medicine
1000 NE 16th Ave., Building F, Gainesville, FL 32601
(352) 371-2833 • Fax: (352) 244-0003 • 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

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

Name (Last, First) e-mail address

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

Name (Last, First) e-mail address

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

How did you hear about Dragon Rises? _____

Have you visited Dragon Rises? _____ **Have you visited our website?** _____

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.

I certify that the information provided on this application is complete and accurate to the best of my knowledge, and that Dragon Rises College of Oriental Medicine is authorized to make whatever inquiries are necessary to certify the accuracy of my records. I understand that withholding or giving false information will make me ineligible for admission or result in dismissal from Dragon Rises College of Oriental Medicine.

Applicant's Signature: _____ Date: _____

Please return complete application and all supporting documents to:

Dragon Rises College of Oriental Medicine
Admissions Department
1000 NE 16th Ave., Building F,
Gainesville, FL 32601
TEL: (352) 371-2833 FAX: (352) 244-0003

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 6 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 non-refundable.
- 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.
- The Applicant Health Certification concerning applicant's current state of health
- CV or Resume
- Two passport size photos
- Copy of driver's license and social security card
- Copy of any professional licenses held

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.
- 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 a personal interview with the Director of Admissions 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.)

Dragon Rises College Of Oriental Medicine

*1000 NE 16th Ave., Building F, Gainesville, FL 32601
(352) 371-2833 • Fax: (352) 244-0003 • www.dragonrises.edu*

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

Name

Signature

Date

Address

Phone

Please return this form directly to Dragon Rises.

Dragon Rises College Of Oriental Medicine

*1000 NE 16th Ave., Building F, Gainesville, FL 32601
(352) 371-2833 • Fax: (352) 244-0003 • www.dragonrises.edu*

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

Name

Signature

Date

Address

Phone

Please return this form directly to Dragon Rises.

Dragon Rises College of Oriental Medicine

1000 NE 16th Ave., Building F, Gainesville, FL 32601

(352) 371-2833 • Fax: (352) 244-0003 • www.dragonrises.edu

Applicant Health Certification

All applicants accepted to Dragon Rises College's Masters of Acupuncture and Oriental Medicine program must be able to meet certain physical and emotional health standards. This information is provided to help students be aware of the performance expectations as well as the challenging academic nature of this program of study. The college is committed to nondiscrimination with respect to race, creed, color, religion, age, disability, sex, marital status, sexual orientation, national origin, political affiliations or opinions, and veteran status in the admissions, educational policies, financial aid, employment or in any program or activity.

I certify that:

1. I have sufficient vision, hearing and touch to perform the customary techniques taught at Dragon Rises College. (Sensory observation)
2. I am able to speak, hear, and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communication. I am able to effectively and sensitively communicate with patients, faculty, and other students. (Communication)
3. I have sufficient motor functions to coordinate both gross and fine motor muscular movements as required for techniques taught in this program. (Motor coordination)
4. I have the ability to problem solve in groups and/or individually. (Conceptual abilities)
5. I possess the emotional health required for full utilization of my intellectual abilities, exercise of good judgment, prompt completion of all responsibilities both academically and in the care of patients, and am able to function effectively under stress. (Behavioral attributes)
6. I am free of any health condition, for example uncontrolled seizures or communicable diseases, which could pose a danger to myself or a patient in the course of procedures taught in this program (such as needling, fire cupping).
7. List briefly your medical and emotional history as it pertains to any conditions which may interfere with the practice of acupuncture and Chinese Medicine or which may be aggravated during a lengthy and demanding academic program.

I, the undersigned, certify that the information contained in this application is true and correct.

Signature of Applicant _____ Date _____

Printed name _____