

Global TCM College Tutoring Program Application Form—Page 1

Send the completed application and payment (check) to:

Dongcheng Li

9235 Lagoon Pl. #410, Davie, FL 33324

Phone: 954-647-5531

Email: ldcljd@gmail.com

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY; INCOMPLETE OR ILLEGIBLE

APPLICATIONS WILL BE RETURNED

APPLICANT INFORMATION

Name, as it should appear on your certificate (if applicable): _____

Phone: _____ Email address: _____

Mailing Address: _____

PAYMENT INFORMATION

(IMPORTANT: For your protection, if you send your application as an email attachment, we recommend that you do NOT fill in the credit card information on the application form, but send check to us instead. We are not secured for internet credit card transactions.)

Credit Card Information: _____
Card number expiration date Security code

Tutoring Program Name	Hours	Preferred Date and time

ELIGIBILITY REQUIREMENTS

1. GRADUATE OF AN ACUPUNCTURE AND/OR ORIENTAL MEDICINE PROGRAM OR SCHOOL.

Which school and when did you graduate? _____

OR....

2. THE STUDENT IN TCM SCHOOL

Are you studying in a TCM school? Yes No

Global TCM College Tutoring Program Application Form—Page 2

Applicant Name (please print neatly): _____

ASSUMPTION OF RISK, RELEASE AND WAIVER

I, _____ swear or affirm that the information I have provided is to the best of my knowledge true and accurate. I understand that the successful completion of the tutoring course may not be construed, considered or implied to be in any way a statement of competency to practice as an acupuncturist or herbalist. I agree that I shall not advertise, represent or in any way hold myself to be a licensed acupuncturist or certified by the National Certification Commission for Acupuncture and Oriental Medicine by completing the tutoring course.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Date Received _____ Amount Received _____ Check Number _____ C.C. Auth. # _____