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Applications are reviewed on an ongoing basis. Applicants are strongly urged to submit application materials as early as possible due to limited class size. Incomplete applications will not be considered.

Please contact ITM if you require any assistance with this application.

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**DATE OF APPLICATION:** \_\_\_\_MM / DD / YYYY\_\_\_\_

**PROGRAM CHOICE(S)**

- CLINICAL THERAPEUTIC HERBALISM
- CERTIFICATE OF THERAPEUTIC HERBALISM
- COMMUNITY/FAMILY HERBALIST CERTIFICATE
- OTHER \_\_\_\_\_

**Enrollment Term:**

- Fall (September-December) YYYY
- Winter (January-April) YYYY
- Summer (May-August) YYYY
- Other ( \_\_\_\_Month\_\_\_\_ ) Year: YYYY
- Full-Time    Part-Time

***Personal Information***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Female  Male  Other \_\_\_\_\_  
MM / DD / YYYY

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone #: Cell \_\_\_\_\_ Home: \_\_\_\_\_ Email Address: \_\_\_\_\_

Citizenship:  Canadian Citizen  Landed Immigrant  Visa Student  Other \_\_\_\_\_



**Educational Background:** List all formal academic training, including Secondary and Post Secondary Schools, Degrees and Certifications (Include transcripts when applying).

Dates Attended                      School Name                      Area of Study                      Qualifications/Diploma/Degree Achieved

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**Related Training:** Indicate previous training in Herbal Medicine and/or related fields

Dates of Training                      Location/City                      Type of Training,                      Instructor Name                      Qualifications Achieved

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**Employment History:** Indicate your work experience for the last five years

Dates of Training                      Location/City                      Employer                      Job Title, Responsibilities

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**Financial Situation:** Briefly explain how you will finance your tuition, books/material fees and support yourself while



attending the program. Please indicate whether you are also applying for an ITM Scholarship.

**Additional Information:** (So that we may best support you in the training, please answer the following. Answering yes to any of these questions does not automatically interfere with your acceptance to the program).

Have you ever been diagnosed with any contagious diseases in the past two years?  No  Yes (if yes, please include details).

Have you ever been diagnosed with any mental health conditions in the past two years?  No  Yes (if yes, please include details).

Have you ever been convicted of any crime?  No  Yes (if yes, please include details)

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

**A Letter of Recommendation:** List the name of an individual from whom you have requested a letter of recommendation. References can include teachers, employers, other professionals (excluding relatives) who can comment on your potential in this field of study and practice.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Personal Letter of Intent:**

On a separate page, please tell us about yourself. What called you to the field of Herbal/Integrative Medicine, what led you to this point in your desire to study and practice in the field of integrative health and why at ITM? \*Please limit the essay to one page.

**Passport Sized Photo:**

Please include a recent, electronic passport sized photo. It will be used for identification and your itmCard.

**Please EMAIL completed applications and documents to: [thm@itmworld.org](mailto:thm@itmworld.org)**

**Hard copies of Application Forms are NOT accepted. Official Transcripts may be mailed directly to ITM.**

\*No refunds for application.

\*All fees, terms, courses and policies are subject to change without notice. \*All materials filed during this application process become part of your permanent, confidential record and will not be returned.

**Declaration**



I hereby attest that all statements on this application form and enclosed documents are true and complete in all respects, and no relevant information has been withheld. I agree and abide by the rules and regulations of the Institute of Traditional Medicine.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*\*An interview with the Program Director is required of all potential students interested in joining ITM Diploma Programs.*

*\*All materials filed during this application process become part of your permanent, confidential record and are not returnable.*

Incomplete applications will not be considered, so please check your application package and confirm that the following items accompany this application:

- Personal Letter of Intent
- Transcripts from post-secondary institutions
- Copies of Certificates, Diplomas, Degrees
- A digital copy of a recent passport sized photo
- One referral letter (can be emailed directly from your reference to ITM at thm@itmworld.org)
- Application Fee: \$113 (\$100 + \$13 HST) in Canadian Funds : Credit Card/Direct Deposit payment only.

Please include \$56.50 (\$50 + \$6.50 HST) for late applications.

Application Fee is non-refundable and must be included with this application form. Please indicate the form of payment:

- Direct Deposit (we will email you a paypal invoice)
- Credit Card #: \_\_\_\_\_ Expiry: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*\*All fees are payable to Institute of Traditional Medicine (ITM) in Canadian Funds.*

**Office Use Only**

- Date Received: MM / DD / YYYY
- Personal Letter of Intent
- Transcripts
- Copies of Certificates, Diplomas, Degrees
- Digital copy of passport sized photo
- Reference letter
- Application Fee Enclosed
- Other Comments: