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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.

DATE OF APPLICATION: MM / DD / YYYY

PROGRAM CHOICE(S)

<input type="radio"/> CLINICAL THERAPEUTIC HERBALISM <input type="radio"/> CERTIFICATE OF THERAPEUTIC HERBALISM <input type="radio"/> COMMUNITY/FAMILY HERBALIST CERTIFICATE <input type="radio"/> 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: _____ MM / DD / YYYY	Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other _____
Address: _____ City: _____	
Province/State: _____ Postal/Zip Code: _____ Country: _____	
Telephone #: Cell _____ Home: _____ Email Address: _____	
Citizenship: <input type="radio"/> Canadian Citizen <input type="radio"/> Landed Immigrant <input type="radio"/> Visa Student <input type="radio"/> 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

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

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

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

Dates of Training Location/City Employer Job Title, Responsibilities

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

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: