



REGISTRATION FORM

Name of Student				
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Date of Birth				
Contact Phone Number				
Email Address				
Permanent Address	Address:		City:	
	Province/State:		Postal Code:	
	Country:			
Canadian Residential Address	<input type="checkbox"/> Same as above			
	Address:		City:	
	Province:		Postal Code:	
Student Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> New student <input type="checkbox"/> Transfer from:			
Desired Program	Name of Program:	<input type="checkbox"/> TCM Acupuncture Diploma		
		<i>Full-Time: 2 years</i>	<i>Part-Time: 3-4 years</i>	
		<i>Program hour: 2120</i>	<i>Clinical hour*: 545</i>	
	<input type="checkbox"/> TCM Diploma	<i>Full-Time: 3 years</i>		<i>Part-Time: 4-5 years</i>
		<i>Program hour: 2660</i>	<i>Clinical hour*: 560</i>	
	<input type="checkbox"/> R.Ac to R.TCMP Diploma	<i>Duration: 1.5-2 years</i>		
		<i>Classroom hours: Case-specific</i>	<i>Clinical hour*: 300</i>	
	<input type="checkbox"/> RMT/PT/D.C Acupuncture Certificate	<i>Full-Time: TBA</i>		<i>Part-Time: TBA</i>
		<i>Classroom hours: 240</i>	<i>Practical hour*: 60</i>	
	*NOTE: Clinical hours do NOT constitute a paid placement. No remuneration will be paid. Clinical hours will be completed on campus.			
Anticipated Start Date:		Anticipated Completion Date:		



JOHN & JENNY
TRADITIONAL CHINESE MEDICINE
COLLEGE

8791 Woodbine Ave., Unit 100 Markham, ON L3R 0P4
Phone: (905) 943-7298 | Fax: (905) 943-9336
Email: jjtcmc@yahoo.ca

EDUCATION:

College/University/Institute	Major	From	To	Degree/Diploma

RELATED TRAINING:

List all previous training in TCM related fields.

Institute	Instructor	From	To

WORK EXPERIENCE:

Occupation (Present & Previous)	Date	Number of Years



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PERSONAL INTERESTS:

IMPORTANT NOTICE:

please ensure that all of the following items are included with your application form:

- Registration fee of \$100 must be paid at registration; this fee is non-refundable
- Photocopy of ID card
- Official transcripts that need to transfer credits
- Your written biography if you apply the Principal Scholarship

Admission Certification

I hereby certify that the information collected on this form is accurate and complete. If I am accepted by JJTCMC, I agree to abide by all rules and policies of the School.

Applicant's Signature:

Date:



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