



National College of Naprapathic Medicine

Doctoral Program – Application for Admission – Please type or print

Proposed Term of enrollment: Year _____
 Please circle only one. Term: Fall (Sept.) Winter (Jan.)
 Spring (Mar.) Summer (July)

Do you plan to enter our 3-year program? _____ (Five classes/term)
 4-year program? _____ (Three or four classes/term)
 Student-at-Large? _____ (at your own pace)

1. Social Security #: _____

2. Name: _____
 (Last) (First) (Middle Initial)

3. Email Address _____

4. Permanent Legal Home Address: _____

5. Mailing Address (if different from permanent address):

6. Telephone Numbers: Home: _____
 (Please include area code) Cellular: _____
 Fax: _____
 Business: _____
 Emergency: _____

7. Date of Birth: _____ Gender: Female or Male
 (Month) (Day) (Year) (circle one)

8. Veteran or Active Duty in a Military Service: _____
 (Yes or No)

9. Have you ever been convicted of a felony?: _____
 (Yes or No)

If so, please explain each charge and conviction fully.

10. Citizenship/Visa Status (Check One)

_____ U.S. Citizen or permanent resident
_____ In the U.S. on a Visa. Type of Visa: _____
Country of Citizenship: _____

11. Please check the one which best describes your ethnic background.

_____ Black/Non-Hispanic _____ Hispanic
_____ Asian or Pacific Islander _____ White/Non-Hispanic
_____ American Indian or Alaskan Native _____ Multi-Ethnic

12. Educational Level (Please Check those applicable)

_____ Some College _____ Number of Credit hours
_____ 60 semester hours or A.A./A.S. degree
_____ Bachelor's Degree _____ Doctoral Degree
_____ Master's Degree _____ Other (Explain) _____

13. Last High School Attended: _____
(Name of School) (City and State)

Graduated: Month _____ Year _____
GED _____ Date _____

14. List all colleges attended:

Name of college	City and State	Attended From/To	Credit Hours/ Degree Received

15. Please list employment experience. Start with the most recent.

Name & Address of Employer	City & State	Title & Profession	From/To

16. Character references: Please give two non-family professional references.

Name: _____ Name: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____

17. Through whose influences or what publication did you first become interested in Naprapathic Medicine?

APPLICANTS: Please read the following and sign:

CERTIFICATION

I understand that withholding information requested on this application or giving false information will make me ineligible for admission to the college or subject to dismissal. With this in mind, I certify that the above statements are correct and complete.

Signature: _____ Date: _____

A Smoke-Free Policy has been established for the College Premises

The National College of Naprapathic Medicine does not discriminate on the basis of race, religion, creed, sex, age, marital status, disability, national origin or sexual orientation in its educational programs, activities or employment practices.

ACKNOWLEDGEMENT

"I hereby acknowledge that I have been informed of and understand that Naprapathic treatment primarily involves using the hands in physical, skin to skin contact with the patient for manual manipulation of the connective tissues (muscles, ligaments, etc.) of the human body. I further understand that the practice of Naprapathic Medicine can require the application of significant manual pressure on the body of the patient, and that the Naprapathic practice can also require the careful observation of the movements of a patient. I hereby consent to such physical contact to my body by others, and I hereby consent to making such physical contact with others, to the extent such procedures are a scheduled part of the Naprapathic studies curriculum of NCNM."

Date: _____

(Signature of Applicant)

Date: _____

(Signature of Applicant)

If you are paying by credit card, please fill out the following information:

VISA MASTERCARD DISCOVER

Credit Card #: _____ Exp. Date: _____

I understand that a non-refundable application fee of \$100.00 will be charged to my credit card.

Date: _____ Signature: _____

Note: In addition to mailing this application to the college, BE SURE you do the following:

- 1) Answer each question fully and precisely.
- 2) Enclose the \$100.00 non-refundable application fee.
- 3) Request your College(s) to send official transcripts of all college credits to the Admissions Department.
- 4) Request your two character references to complete the Applicant Evaluation Forms and forward them directly to the Admissions Department.

Admission Department
National College of Naprapathic Medicine
3330 N. Milwaukee Avenue
Chicago, IL 60641



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