PLEASE PRINT. Additional comments may be included on a separate sheet stapled to this form.

Student's Name: ___________________________ Date: __/__/__

Date of Birth: __/__/____ Social Security #: __/__/__

Age: ______ Gender: Male Female

Ethnic Background (Optional)
African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American Other: __________________________

Present Occupation: ___________________________________________________________

Permanent Address City/State/Zip

Mailing Address (if different than above) City/State/Zip

Day Phone: ( ) ____________________ Evening Phone: ( ) ____________________
e-mail: __________________________ Website: __________________________

EDUCATION BACKGROUND

<table>
<thead>
<tr>
<th>Accredited College/University*</th>
<th>Area of Study</th>
<th>Date Attended</th>
<th>Degree</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
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* The accrediting agency for the college/university must be printed on the transcript or legal documentation must be furnished by the college/university.

PROFESSIONAL LICENSES:

<table>
<thead>
<tr>
<th>License Type</th>
<th>Issuing Agency</th>
<th>Date Issued</th>
<th>Expiration Date</th>
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Describe any prior exposure to acupuncture you may have:

________________________________________________________________________

________________________________________________________________________
Describe any previous study of acupuncture:

__________________________________________________________________________

Describe any previous study/certification in related healing arts: ____________________________________________________________

__________________________________________________________________________

Describe volunteer activities in which you participated, your role and length of time: _____________________________________________

__________________________________________________________________________

PROFESSIONAL BACKGROUND

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Date</th>
<th>Position/Title</th>
<th>Duties/Responsibilities</th>
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Describe your current state of health, physically and emotionally (include any disabilities or special needs you may have):

__________________________________________________________________________

Have you ever been arrested for a criminal act? □ Yes □ No If you answered yes, please explain:

__________________________________________________________________________

REQUIREMENTS FOR ENROLLMENT

The ITEA Practitioner Track program assumes the following semester hours have been completed outside the program. This will be confirmed during your enrollment process.

- 3.3 semester credits of Chinese History and Philosophy credits of Chemistry
- 4 semester credits of Biology
- 8 semester credits of Anatomy and Physiology

- 6.2 semester credits (or more) of Pharmacology Don’t think so – check
- 1 Zero Balancing Core class

The following semester hours may be completed outside the program, or may be taken within the program at ITEA (additional tuition payable):

- 1.1 semester credits of Nutrition for Clients
- 2.3 semester credits of Pathology
- 0.5 semester credits of Western Medical Tests

ITEA, Inc. 317 W. South Boulder Road, Suite 5, Louisville, CO 80027 www.itea.edu Ph: (720) 890-8922 / Fax: (720) 890-7719
Please outline your plans relative to the above courses:

<table>
<thead>
<tr>
<th>Chemistry</th>
<th>Biology</th>
<th>Anatomy &amp; Physiology</th>
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**QUESTIONNAIRE**

1. If you have had acupuncture treatment, describe your personal experience of what it has meant for you. It is recommended that you have had Classical Five-Element Acupuncture treatment before starting the program. If you have not had it, explain how you feel it could help you and support you?

2. What do you feel are the qualities of a good practitioner?

3. What do you anticipate the most exciting part of the course? The most difficult?

4. What led you to the study of acupuncture rather than another occupation?