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

Student’s Name: _________________________________________________ Date: _____/_____/_____

Date of Birth: _____/_____/_____

Age: _____ Gender: □ Male □ Female

Ethnic Background (Optional)

□ African American □ Asian/Pacific Islander □ Caucasian □ Hispanic/Latino □ Native American Other: ________________________________

Present Occupation: ____________________________________________________________________________

Permanent Address: ____________________________________________________________________________

Mailing Address (if different then above): ____________________________________________________________________________

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>
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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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Do you practice acupuncture in your work? □ Yes □ No

If you answered YES, please describe your training: ____________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Describe your exposure to Classical Five-Element Acupuncture.

______________________________________________________________________________________

______________________________________________________________________________________
### 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:

________________________________________________________________________

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### 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.

- 4 semester credits of Chemistry
- 4 semester credits of Biology
- 8 semester credits of Anatomy and Physiology
- 6.2 semester credits (or more) of Pharmacology
- 1 Zero Balancing Core class
- 8 semester credits of other Biomedical Science or Psychology must have been completed before graduation.

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
- 3.3 semester credits of Chinese History and Philosophy

Please outline your plans relative to the above courses:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 in addition to your first healthcare discipline?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________