Medical Acupuncture for Physicians  
Returning Warrior Application

AC61 RW

**Bolger Center, Potomac, Maryland**

**Introductory Unit: 20 - 24 April 2017**

**Clinical Unit 1: 14 – 18 July 2017  
Clinical Unit 2: 13 - 17 September 2017**

If you are a graduate of the MAFP course from May 2015 and later, you may select the clinical unit(s) you wish to attend. If you graduated prior to this date you must take all three live units as a Returning Warrior. Complete this form onscreen, then print and send it with all the required documents by mail or fax to:

Helms Medical Institute  
2520 Milvia Street  
Berkeley, CA 94704

Fax: 510-649-8692

E-mail: [mafp@hmieducation.com](mailto:mafp@hmieducation.com)

# The following documents are required to process your application:

* Completed application form
* Photocopy or scan of current medical license
* Brief description of current work opportunities

# Select the session(s) you wish to attend:

Tuition is $2000 **per** session OR $5500 total if payment for all three sessions is received by   
5 April 2017.

Introductory session (20-24 April 2017)

Clinical Unit 1 (14-18 July 2017)

Clinical Unit 2 (13-17 September 2017)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |

First Initial Last

|  |  |
| --- | --- |
| Degree: |  |

MD, DO, other

|  |  |
| --- | --- |
| State Medical License #: |  |

|  |  |
| --- | --- |
| Specialty: |  |

|  |  |
| --- | --- |
| E-mail: |  |

|  |  |
| --- | --- |
| Street: |  |

Street address only, no P.O. boxes

|  |  |
| --- | --- |
| City: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| State: |  | Zip:\_ |  |

|  |  |
| --- | --- |
| Day Phone: |  |

|  |  |
| --- | --- |
| Home Phone: |  |

|  |  |
| --- | --- |
| Cell Phone: |  |

|  |  |
| --- | --- |
| Fax: |  |

Please use the format 555-555-5555.

|  |  |
| --- | --- |
| Year you completed the basic HMI course: |  |

Select your Returning Warrior pathway:  Pain Management   Primary Care

# Payment:

# Make check payable to Helms Medical Institute. Mail or fax if using credit card - DO NOT SEND BY EMAIL.

|  |  |
| --- | --- |
| Card Number: |  |

Discover, MasterCard, or Visa only.

|  |  |  |  |
| --- | --- | --- | --- |
| Expiration: |  | / |  |

Month Year

|  |  |
| --- | --- |
| Cardholder’s Name: |  |

|  |  |
| --- | --- |
| Authorizing Signature: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | / |  | / |  |

Month Day Year

All training activities will take place at Bolger Center, Potomac, MD. You are requested to lodge at the hotel where a group rate has been arranged. A conference day use fee is required of participants who do not stay at Bolger Center or who room with another course participant. For additional information about this program, call 510-649-8488 or e-mail [mafp@hmieducation.com](mailto:mafp@hmieducation.com). Positions for Returning Warriors are limited.