Medical Acupuncture for Physicians Application Form

AC 57

**Bolger Conference Center, Potomac, MD
Introductory Weekend: 16 - 20 April 2015
Clinical I: 10 - 14 July 2015
Clinical II: 16 - 20 September 2015**

**Complete this form onscreen and print it. Return it with all the required documents by mail OR fax** **to:** Helms Medical Institute
 2520 Milvia Street
 Berkeley, CA 94704
 Fax: 510-649-8692
The following documents are required to process your application:

* Completed application form
* Résumé / CV
* Photocopy or scan of current medical license
* Statement of plans (Military applicants: In your statement, please confirm your base command's endorsement of your training and an acupuncture-friendly clinical setting.)

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

 First Initial Last

Sex: [ ]  Female [ ]  Male

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DOB: |    | / |    | / |      |

 Month Day Year

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

 MD, DO, other

|  |  |
| --- | --- |
| State Issuing Medical License: |       |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Home E-mail: |       | [ ]  | Preferred |

|  |  |  |  |
| --- | --- | --- | --- |
| Work E-mail: |       | [ ]  | Preferred |

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

 Street address only, no P.O. boxes

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

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

|  |  |
| --- | --- |
| Work Phone: |       |

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

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

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

Please use the format 555-555-5555.

# Military applicants only:

|  |  |
| --- | --- |
| Service Branch: |       |
| Rank: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of end of obligated service: |    | / |      |

#  mm yy

# Pathway:

[ ]  Pain Management [ ]  Primary Care

# Options for Tuition:

[ ]  **300-hour CME course: $10,500** ($11,000 after 15 March 2015)

[ ]  **Full-time Resident or Fellow: $9,000** ($9,300 after 15 March 2015)
Note: You must be a full-time resident or fellow through the conclusion of the course.

# Payment:

If paying with a check, make it payable to **Helms Medical Institute**.

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

 Discover, MasterCard, or Visa only. No spaces.

|  |  |  |  |
| --- | --- | --- | --- |
| Exp. Date: |    | / |      |

 mm yy

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

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

All training activities will take place at the Bolger Conference Center, Potomac, MD. You are requested to lodge at the hotel where group rates have been arranged. A conference day use fee of $75 per day is required of participants who choose to stay elsewhere or room with another course participant. For additional information about this course, call 510–649–8488 or e-mail MAFP@HMIeducation.com.