Medical Acupuncture for Physicians Application Form

AC 58

**Tempe Mission Palms, Tempe, AZ  
Introductory Weekend: 3 - 7 December 2015   
Clinical I: 12 - 16 February 2016  
Clinical II: 25 - 29 May 2016**

**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.)

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

First Initial Last

Sex:  Female  Male

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

Month Day Year

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

MD, DO, other

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

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

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| Specialty: |  |

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| --- | --- | --- | --- |
| Home E-mail: |  |  | Preferred |

|  |  |  |  |
| --- | --- | --- | --- |
| Work E-mail: |  |  | Preferred |

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

Street address only, no P.O. boxes

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

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

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| Work Phone: |  |

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| Home Phone: |  |

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

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

Please use the format 555-555-5555.

# Military applicants only:

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

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

# mm yy

# Pathway (choose one):

Pain Management  Primary Care

# Tuition:

**300-hour CME course: $11,000** ($11,500 after 30 October 2015)

**Full-time Resident or Fellow: $9,000** ($9,300 after 30 October 2015)  
Note: You must be a full-time resident or fellow through the conclusion of the course.

# Payment:

Make check payable to **Helms Medical Institute**. Mail or fax if using credit card. DO NOT SENT BY EMAIL.

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

Discover, MasterCard, or Visa only. No spaces.

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| Exp. Date: |  | / |  |

mm yy

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| Cardholder’s Name: |  |

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| Authorizing Signature: |  |

You are requested to lodge at Tempe Mission Palms where a group rate has been arranged. A conference fee of $75 per day is required of participants who choose to stay elsewhere or room with another course participant. For additional information, call 510–649–8488 or e-mail [MAFP@HMIeducation.com](mailto:mafp@hmieducation.com).