Medical Acupuncture for Physicians  
Returning Warrior Application

AC 54 RW

**Tempe Mission Palms, Tempe, Arizona**

**Introductory Unit: 5-9 December 2013**

**Clinical Unit 1: 14-18 February 2014  
Clinical Unit 2: 21-25 May 2014**

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
* Recent photograph

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

Tuition $1000:

Introductory session (5-9 December 2013)

Tuition $2000 **per** session:

Clinical Unit 1 (14-18 February 2014)

Clinical Unit 2 (21-25 May 2014)

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

First Initial Last

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

MD, DO, other

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

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

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

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

|  |  |
| --- | --- |
| 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: If paying with a check, make it payable to Helms Medical Institute.

|  |  |
| --- | --- |
| 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 the Tempe Mission Palms, Tempe, Arizona, 15 minutes from Phoenix Sky Harbor International Airport. You are requested to lodge at the hotel where a group rate ($164 + $10 hospitality fee per night) has been arranged. A conference day use fee of $65 per day is required of participants who choose to stay elsewhere or who choose to share a room with another course participant.  
For additional information concerning this program call 510-649-8488 or e-mail [mafp@hmieducation.com](mailto:mafp@hmieducation.com).