



CANADIAN INSTITUTE  
OF TRADITIONAL  
CHINESE MEDICINE  
**FULFILLED LEARNING**

Two Executive Place  
Unit 300, 1824 Crowchild Tr. NW  
Calgary, AB T2M 3Y7  
Phone: +1.403.520.5289  
Email: info@citcm.com

Full Legal Name \*

Gender \*  Today's Date

Date of Birth  A.S.N. if known

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Mailing Address

City or Town \*

Country

Postal Code

Home Phone

Cell Phone \*

Email

- 
- Choose Program \*  The Acupuncture Diploma program  
 Doctor of Traditional Chinese Medicine Program | Double Major  
 Bachelor of Traditional Chinese Medicine | Study in Canada & China  
 WE Integrated Massage Therapist | 1113 hrs | 1 year  
 WE Integrated Massage Therapist | 2200 hrs | 2 year

Choose Option \*  Full-time  Part-time  Transfer from other TCM School

Start Date \*

*Note: All programs start every September.  
Transferred students may be eligible to start in Winter/Spring semester.*

Immigration Status  Canadian Citizen  Landed Immigrant  Int'l Student  
 Other:

Student Visa Exp. Date

Country of Birth  Country of Citizenship



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School Name	<input type="text"/>
City	<input type="text"/>
Period	<input type="text"/>
Academic Level Achieved	<input type="text"/>

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City	<input type="text"/>
Period	<input type="text"/>
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City	<input type="text"/>
Period	<input type="text"/>
Academic Level Achieved	<input type="text"/>

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Please send us transcripts and list secondary school and post secondary schools.

<input type="text"/>
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Employer

City

Period

Position

Reason Left

Employer

City

Period

Position

Reason Left

Employer

City

Period

Position

Reason Left

Employer

City

Period

Position

Reason Left



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Related Training/Experience

City

Period

Position

.....

Related Training/Experience

City

Period

Position

.....

Related Training/Experience

City

Period

Position

.....

Related Training/Experience

City

Period

Position



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**References:** Name

Professional Title

Origination/Institution

Contact Phone

**References:** Name

Professional Title

Origination/Institution

Contact Phone

*Note: Reference letters must be supplied with the application. They can be emailed or mailed to CITCM.  
No Relatives or Family Members.*

How will you finance yourself while attending the program?

Personal Letter of Intent (Or attach it separately to your email with this form)

PRINT FORM



EMAIL FORM

