

Doctor of Chinese Medicine Application

Home | Personal Information | My Applications

Next

Please Note: The contact information at the time you submit your application will be the information associated with your application. If you need to make changes after submitting an application, please reach out to admissions at [admit@nwhealth.edu](mailto:admit@nwhealth.edu) or 952-885-5409.

**Personal Information**

First Name  Last Name

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Middle Name  Previous Last Names   
If you do not have a middle name, please enter, "no legal middle name"

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Birthdate  Social Security Number   
(###-##-####) If you are a Canadian student with a Social Insurance Number (SIN) or an international student who does not have a Social Security Number (SSN), please enter "000-00-0000"

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Gender

Next

Home | Personal Information | My Applications

Back Next

**Mailing Address**

Street  City

---

State  Postal Code

---

Country

**Contact Information**

Phone 1 Type  Phone 1 Number

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Phone 2 Type  Phone 2 Number

---

Email

**Permanent Address if different than mailing address**

My permanent address is  the same as my mailing address

---

Street  City

---

State  Country

---

Postal Code

**Emergency Contact Information**

First Name  Last Name

---

Email Address  Home Phone

---

Mobile Phone  Business Phone

Back Next

Doctor of Chinese Medicine Application

[Back](#) [Next](#)

**▼ Military Experience**

Have you served, or are you now serving, on active US military duty?  If yes, which branch?

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Are you the spouse of a person who has served, or who is now serving, on active US military duty?  Are you the dependent of a person who has served, or who is now serving, on active US military duty?

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Are you a member of the Reserve or National Guard forces?  Are you the spouse of a person who has served, or who is now serving, as a member of the Reserve or National Guard forces?

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Are you the dependent of a person who has served, or who is now serving, as a member of the Reserve or National Guard forces?

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Have you ever been separated from any branch of the US armed forces under less than honorable conditions?  If yes, please explain

[Back](#) [Next](#)

[Back](#) [Save](#) [Next](#)

**▼ Residency Information**

Are you a US Citizen?

[Back](#) [Save](#) [Next](#)

Doctor of Chinese Medicine Application

Home | Personal Information | My Applications

---

Term Entering

**Post-Baccalaureate Pre-Health applicants:** Below, please set Program of Interest to College of Undergraduate Health Sciences and set Secondary Interest to Post-Baccalaureate Pre-Health Program to ensure efficient processing of your application.

Program of Interest

Secondary Interest

**College of Acupuncture and Chinese Medicine: Doctor of Chinese Medicine**

Are you interested in  pursuing a Bachelor of Science degree in Human Biology concurrently with the Master of Acupuncture and/or Chinese Medicine degree program ?

If you select yes, your undergraduate coursework will be evaluated for transfer to the [BS Completion Program](#). Also, we will start an application for the BS Completion Program for you. **Although you may decide later whether to submit that application to be reviewed for admission, you will receive communication from us about its status.**

**Referred by**

If there is a specific individual who referred you to Northwestern, please list their name and address below.

First Name <input type="text"/>	Last Name <input type="text"/>
Occupation <input type="text"/>	Place of work <input type="text"/>
Street <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip <input type="text"/>
Country <input type="text" value="--None--"/>	

Please check if the person who referred you is a current student at NWHSU

Please check if the person who referred you is a NWHSU alumni

**Refer a Friend**

Doctor of Chinese Medicine Application

(1) Northwestern Health Sciences University is pleased to offer Legacy Scholarships to qualified applicants enrolling in our chiropractic, acupuncture and Chinese medicine, and massage programs. If a parent, grandparent, sibling, or child completed their chiropractic, acupuncture and Chinese medicine, or massage program at and graduated from Northwestern Health Sciences University, please tell us their name, relationship to you, program completed, and year of graduation. Please do not report alumni connections other than a parent, grandparent, sibling, or child. *If you have more than one NWHSU alumnus or alumna in your family, please enter just one here.*

If you aren't sure of some information, please enter what you know.

Name of family member	<input type="text"/>	Relationship to you	--None-- <input type="button" value="v"/>
Family member's program of study completed	--None-- <input type="button" value="v"/>	Family member's graduation year	<input type="text"/>

(2) Northwestern Health Sciences University offers a Merit scholarship for qualifying students in the chiropractic, acupuncture and Chinese medicine programs. If you feel your admissions GPA will qualify, please check the box below. Your GPA will be reviewed by the office of admissions. Please reach out to your Admissions Representative with any questions.

Merit

(3) If you are an International Student from a country other than Canada, please check the box below. If you are an International Student from Canada, please reach out to your admissions representative to learn about our Canada Tuition Currency Exchange Program.

International

## Doctor of Chinese Medicine Application

If you are applying as a *transfer* student from another acupuncture & Chinese medicine program, at least one of your two references entered below must be faculty from that institution.

List two individuals, whom you have known for at least six months, who will provide a reference for you. References can be instructors, employment supervisors, healthcare professionals or colleagues, for example. References cannot be relatives. These individuals will receive a Character Reference Form from the Office of Admissions. Reference replies are confidential between sender and institution.

**▼ Reference 1**

Salutation <input style="width: 100%;" type="text"/>	First Name <input style="width: 100%;" type="text"/>
Last Name <input style="width: 100%;" type="text"/>	Occupation <input style="width: 100%;" type="text"/>
Relationship to you <input style="width: 100%;" type="text"/>	Email <input style="width: 100%;" type="text"/>
Street <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>
State <input style="width: 100%;" type="text"/>	Zip <input style="width: 100%;" type="text"/>
Country <input style="width: 100%;" type="text"/>	

The purpose of this recommendation is to assist us in making our admission decision and, if the applicant is admitted and enrolls, to be available as an aid in advising and counseling. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right, if you enroll at Northwestern Health Sciences University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. A waiver of your rights under the Act is not a required condition for admission or receipt of financial aid. Please indicate below whether you wish to voluntarily waive this right by checking the appropriate box and signing your name.

--None--

**▼ Reference 2**

Salutation <input style="width: 100%;" type="text"/>	First Name <input style="width: 100%;" type="text"/>
Last Name <input style="width: 100%;" type="text"/>	Occupation <input style="width: 100%;" type="text"/>
Relationship to you <input style="width: 100%;" type="text"/>	Email <input style="width: 100%;" type="text"/>
Street <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>
State <input style="width: 100%;" type="text"/>	Zip <input style="width: 100%;" type="text"/>
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--None--

Doctor of Chinese Medicine Application

List any honors, awards or special recognition you have received:

List any professional licenses or certificates you have received:

Have you ever had any professional licenses or certificates revoked?

Were you ever dismissed and/or denied re-admission to any college because of deficiencies in either conduct or scholarship?

Have you ever been charged and/or convicted of a felony, or convicted of a misdemeanor of a violent or sexual nature

Please note: A criminal background check is required for all applicants to the Acupuncture and Chinese Medicine program at Northwestern Health Sciences University. Required Background Check: I hereby authorize and request any police department, state or federal court, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding my criminal record in conjunction with an application for admission to Northwestern Health Sciences University. I agree that my initials after this statement and electronic signature upon submission of this application will be accepted with the same authority as the original, and specifically waive any written authorization request.

By initialing and signing the electronic application, I consent to the release of investigative reports in conjunction with my application for admission to Northwestern Health Sciences University.

Initial:

Doctor of Chinese Medicine Application

Back Save Next

College of Acupuncture and Chinese Medicine: Doctor of Chinese Medicine


Please list all post secondary schools you have attended. Request official transcripts from all of these schools to be mailed or emailed directly to Northwestern Health Sciences University, Office of Admissions, 2501 West 84th St., Bloomington, MN 55431. Transcripts sent by the student are NOT considered official.

**Colleges or Universities Attended**

Use the buttons below to add or remove colleges you have attended. Please click the "Save" button before moving on to save your entries.

Add Another College

**College or University**

College Name  

School Not Found

Location

Beginning Term

---

Beginning Year

Ending Term

---

Ending Year

Major

---

Degree

Other Degree Type

**Academic Partnership Participation**

Are you applying as part of a partnership (3+3, 2+2, preferred admittance) between a school  and Northwestern Health Sciences University? You can verify our academic partners [here](#).

Back Save Next

Back Save Next

College of Acupuncture and Chinese Medicine: Doctor of Chinese Medicine

Please indicate your ethnicity and race. This information is not used to make admissions decisions but helps us to better understand our applicants and students.

Are you

Hispanic or Latinx?

Select one or more of the following races:

Available	Chosen
American Indian or Alaska Native	
Asian	

Back Save Next

Doctor of Chinese Medicine Application

Please submit a two-page, double-spaced summary of your interests and goals that addresses the following:

Returning students with a Master's in Chinese Medicine or a Master's in Acupuncture, please write about your interest in pursuing your Doctorate in Chinese Medicine.

- a. Why are you interested in acupuncture and Chinese medicine studies?
- b. How much background reading have you done about acupuncture and Chinese medicine? Have you had personal experience with acupuncture or Chinese herbs?
- c. Do you have any previous involvement in health or human services?
- d. In your previous occupations and studies, what have you found to be most rewarding and most challenging?
- e. Please explain why you feel you will be a good health care practitioner.
- f. How will you balance your work and personal life with the program's time and financial obligations?

▼ Admission Document (may be uploaded at a later date if necessary)

Document Name Essay

Document Status Required

Please verify that your file has uploaded after clicking the Upload button by confirming that Document Status has changed to "Ready For Approval."

Choose File No file chosen

Upload

▼ Admission Document (may be uploaded at a later date if necessary)

Document Name Resume

Document Status Required

Please verify that your file has uploaded after clicking the Upload button by confirming that Document Status has changed to "Ready For Approval."

Choose File No file chosen

Upload

I certify that the information given on this application is true and complete. I understand that false information will invalidate my application and make me subject to dismissal.

Signature



NORTHWESTERN  HEALTH SCIENCES  
UNIVERSITY

Doctor of Chinese Medicine Application

**Application Fee Payment**

**Please pay your application fee. The amount is \$50.**  
Once submitted, your application will be locked from further editing and reviewed by the Office of Admissions. Thank you for applying.

I agree to pay the payment   
as described.

Credit Card:

Credit card number:

Credit card CVV code:

Expiration Month:

Expiration Year:

Cardholder first name:

Cardholder last name:

Cardholder email:

Transaction Status:

