



Acupuncture and Chinese Medicine

[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 or 952-885-5409.

Personal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Middle Name	<input type="text"/> <small>If you do not have a middle name, please enter, "no legal middle name"</small>	Previous Last Names	<input type="text"/>
Birthdate	<input type="text"/>	Social Security Number	<input type="text"/> <small>(### ## ####) 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"</small>
Gender	<input type="text" value="--None--"/>		

[Next](#)

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

Mailing Address

Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text" value="--None--"/>	Postal Code	<input type="text"/>
Country	<input type="text" value="--None--"/>		

Contact Information

Phone 1 Type	<input type="text" value="--None--"/>	Phone 1 Number	<input type="text"/>
Phone 2 Type	<input type="text" value="--None--"/>	Phone 2 Number	<input type="text"/>
Email	<input type="text"/>		

Permanent Address if different than mailing address

My permanent address is the same as my mailing address

Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text" value="--None--"/>	Country	<input type="text" value="--None--"/>
Postal Code	<input type="text"/>		

Emergency Contact Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Email Address	<input type="text"/>	Home Phone	<input type="text"/>
Mobile Phone	<input type="text"/>	Business Phone	<input type="text"/>

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

Back Next

Military Experience

Have you served, or are you now serving, on active US military duty? --None--

If yes, which branch? --None--

Are you the spouse of a person who has served, or who is now serving, on active US military duty? --None--

Are you the dependent of a person who has served, or who is now serving, on active US military duty? --None--

Are you a member of the Reserve or National Guard forces? --None--

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? --None--

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? --None--

Have you ever been separated from any branch of the US armed forces under less than honorable conditions? --None--

If yes, please explain

Back Next

Back Save Next

Residency Information

Are you a US Citizen? --None--

Back Save Next

Home Personal Information My Applications

Term Entering --None--

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 --None--

Secondary Interest --None--

Back Save Next

College of Acupuncture and Chinese Medicine: Master of Acupuncture and 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? --None--

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 <input type="checkbox"/>		Please check if the person <input type="checkbox"/>	
who referred you is a		who referred you is a	
current student at NWHSU		NWHSU alumni	

Refer a Friend

[Add Referral](#) [Delete Referral](#)

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

College of Acupuncture and Chinese Medicine: Master of Acupuncture and Chinese Medicine

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

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	<input type="text" value="--None--"/>
Family member's program of study completed	<input type="text" value="--None--"/>	Family member's graduation year	<input type="text"/>

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

College of Acupuncture and Chinese Medicine: Master of Acupuncture and Chinese Medicine

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

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 type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Occupation	<input type="text"/>
Relationship to you	<input type="text"/>	Email	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Country	<input 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.

▼ Reference 2

Salutation	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Occupation	<input type="text"/>
Relationship to you	<input type="text"/>	Email	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Country	<input type="text"/>		

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--None--

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

College of Acupuncture and Chinese Medicine: Master of Acupuncture and Chinese Medicine

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

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?

--None--

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

--None--

Have you ever been charged and/or convicted of a felony?

--None--

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:

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

Please list all post secondary schools you have attended. Request official transcripts from all of these schools to be mailed directly to Northwestern Health Sciences University, Office of Admissions, 2501 West 84th St., Bloomington, MN 55431. Faxed transcripts and 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

Providing the information below is voluntary and will not be used in a discriminatory manner.

What is your race?
 American Indian or Alaska Native
 Asian

What is your ethnicity?

Back Save Next

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

- 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."

No file selected.

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."

Browse... No file selected.

Upload

Back Save Next

College of Acupuncture and Chinese Medicine: Master of Acupuncture and Chinese Medicine

Back Save Next

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

Back Save Next

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 --None--

Credit card number:

Credit card CVV code:

Expiration Month: --none--

Expiration Year: --none--

Cardholder first name:

Cardholder last name:

Cardholder email:

Transaction Status:



Submit

