



**APPLICATION FOR ADMISSION (Please print or type)  
Medical Qigong Therapist Certification**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN# \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

**EDUCATIONAL BACKGROUND (PLEASE INCLUDE MQG PRACTITIONER CERTIFICATION)**

Accredited College or University	Dates Attended	Area of Study	Degree	Date Recvd
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any current professional license or certificate in the healing arts from a state agency? \_\_\_ yes \_\_\_ no  
If yes, please enclose a copy.

_____	_____	_____	_____
Number	Issued by	Number	Issued by

_____	_____
Number	Issued by

How did you learn of the Medical Qigong Certification?  
\_\_\_\_\_

**An application fee of \$50 is required. This fee will count towards tuition upon enrollment and is otherwise non-refundable. Fee is payable by check or credit card.**

**COMPLETE THIS FORM AND APPLICATION FEE AND FAX OR SEND TO:**

Academy for Five Element Acupuncture, Inc.  
c/o Andi Houston  
305 SE 2<sup>nd</sup> Ave  
Gainesville, FL 32601  
Phone: 352.335.2332 Fax: 352.337.2535  
email: andi.houston@acupuncturist.edu

(For office use only): Date rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_