



安 省 中 醫 學 院
Ontario College of Traditional Chinese Medicine

Unit 100/201, 145 Sheppard Avenue East, North York, Ontario M2N 3A7
Tel: (416) 222-3667 email: info@octcm.com web: www.octcm.com

4. **Two Letters of Recommendation:** List the names of individuals from whom you have requested letters of recommendation. These can include one teacher and one other professional (excluding relatives and closer personal friends) who can comment on your potential as a health-care provider and on your ability for succeed in the OCTCM program.

Name: _____ Professional Title/Institution

1. _____

2. _____

5. **Work:** Indicate your work experience for the last five years, naming your employer, and job title and responsibilities.

6. **Finances.** Briefly explain how you will finance your tuition, book/material fees and support yourself while attending the program:

7. **Personal Essay.** On a separate page, please discuss the process and experiences that have led you to want to study Chinese Medicine. Please limit the essay to one page.

Please send complete applications (refer to Application Requirements Form for details) to:
ONTARIO COLLEGE OF TRADITIONAL CHINESE MEDICINE
145 Sheppard Avenue East, Suite 102
Toronto, Ontario, Canada M2N 3A7

*All fees, terms, courses and policies are subject to change without notice.

The Application Committee may request a personal/telephone interview with any applicant. All materials filed during this application process become part of your permanent, confidential record and are not returnable.

I hereby attest that all information provided by me, in this application is true.

Signature of Applicant

Date