

## APPLICATION FOR ADMISSION

### Clinical Residency & Roundtable Program 2021-22

Today's Date \_\_\_\_\_

#### **Personal Information**

Name (legal name) \_\_\_\_\_

Preferred Name (if different) \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### **Previous Herbal Education**

ACORN School of Herbal Medicine – Advanced Herbalism Graduate?  No  Yes If so what year? \_\_\_\_\_

NAIMH (Paul Bergner) - Advanced Herbalism Graduate?  No  Yes If so what year? \_\_\_\_\_

Other herbal medicine training/schooling?  No  Yes, School name? \_\_\_\_\_

Program Completed?  No  Yes Name of program: \_\_\_\_\_

What year completed? \_\_\_\_\_

#### **Required Documentation**

All students are required to submit the following information. Applications will not be processed without these requirements.

- 1) Copy of driver's license or state issued ID.
- 2) Copy of certificate, diploma or other document that verifies your previous herbal education.
- 3) Please write a one-page essay that describes your previous herbal education, and goals for your future.

#### **Read & Review the Clinical Program Handbook**

**Important: Read page 8 titled "Clinic Policy."** Before you submit your application, please read and review our School Policies in the ***Clinical Program Handbook***. This document can be found on our website.

#### **Clinical Program Costs**

Deposit	\$300
Tuition \$2700 (minus the \$300 Deposit)	\$2400
<b>Total Program Cost</b>	<b>\$2700</b>

## **ACORN Payment Plan**

All payments are due on the 1st Tuesday of the month (dates given below).

Custom Payment Requests are available. Please contact the school directly to make arrangements.

9/10/21	10/6/21	11/3/21	12/1/21	1/12/22	2/2/22	3/2/22	4/6/22	5/4/22
\$300 Deposit Due	\$300 Tuition Payment 1	\$300 Tuition Payment 2	\$300 Tuition Payment 3	\$300 Tuition Payment 4	\$300 Tuition Payment 5	\$300 Tuition Payment 6	\$300 Tuition Payment 7	\$300 Tuition Payment 8

## **Financial Information**

How do you plan to pay for this education?

(Select one)             Check/Money Order             Credit Card

(Select one)             One-time payment             Installments/Payment Plan

## **Application Fee \$50.00**

This fee pays our time to thoroughly review each person's application, read their essay, and then schedule a private interview to discuss their enrollment. This is a non-refundable one-time payment. Checks are made payable to *Acorn School of Herbal Medicine*.

**Choose a payment method (Please check one):**     Personal Check     Money Order

Paypal (on our website)     Credit Card, full number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

***By signing the line below, you are agreeing that all entries on this application and any attachments are true and complete, and that you have read the Clinical Program Handbook, including page 8 titled "Clinic Policy," and agree to uphold those guidelines and abide by the terms outlined in that document.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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## **Application Instructions**

1. Read the Clinical Program Handbook.
2. Fill out this Application online and save it to your computer.
3. Take pictures or scan your Required Documentation and save as files.
4. Write your Essay in a word processor and save the file.
5. Then send an email with all the items/files described above as attachments to:  
[acornherbschool@gmail.com](mailto:acornherbschool@gmail.com)
6. Finally, pay the application fee. If you want to pay via Paypal online, go to:  
<https://www.acornherbschool.com/clinical-program.html>

Within 7-14 days you will receive an email from us about your acceptance.