Genius Acupuncture of Traditional Chinese Medicine
Cal. Londres No. 190 Int. 312 Col. Juarez Del. Cuauhtemoc C.P. 06600 CDMX, Tel: (+52) 7777 44 7777, acupuncturegenius.com

APPLICATION FOR ADMISSION

Program Applied:	☐ Full time	☐ Part time	
Acupuncture Moxibustion Guasa Continuing Education		Massage Tuina Cupping-Bloodletting Etc Other	For your Picture
Start time: September	r □ January □ May	Year:	
Personal Information:			
Legal Name:	First	Preferre	ed Name:
☐ Male ☐ Female Da	ate of Birth:	/	
Address:	Day Month	Year	
House No. Street Name	(Unit No.) City	Province Country	ry Postal Code
Phone: (Cell) ((Home) (Email:	
Education: College/University/Institute	Major	Dates attended From: M/Y to: M/	Degree or Y Diploma
Working Experience: Present occupation Previous occupation		Number of year	
•	elated training: (List Insti	tute, instructor and length of	the course taken).
☐ Acupuncture			
☐ Chinese Herbal Medicine	;		
Personal Interests other	er than occupational:		
	Application	Certification	
I certify that the information pr	ovided in this application is accur		
	School, I agree to comply with all	•	l.
Applicant's Signature			Date
How did you hear about the onl	ine Genius Acupuncture School?		