



# National College of Naprapathic Medicine

Doctoral Program – Application for Admission – Please type or print

Proposed Term of enrollment:  
Please circle only one.

Year \_\_\_\_\_

Term: Fall (Sept.)

Spring (Mar.)

Winter (Jan.)

Summer (July)

Do you plan to enter our 3-year program? \_\_\_\_\_ (Five classes/term)  
4-year program? \_\_\_\_\_ (Three or four classes/term)  
Student-at-Large? \_\_\_\_\_ (at your own pace)

1. Social Security #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

3. Email Address \_\_\_\_\_

4. Permanent Legal Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Mailing Address (if different from permanent address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Telephone Numbers:  
(Please include area code)

Home: \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_

Business: \_\_\_\_\_

Emergency: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Gender: Female or Male  
(circle one)

8. Veteran or Active Duty in a Military Service: \_\_\_\_\_  
(Yes or No)

9. Have you ever been convicted of a felony?: \_\_\_\_\_  
(Yes or No)

If so, please explain each charge and conviction fully.

\_\_\_\_\_  
\_\_\_\_\_

**10. Citizenship/Visa Status (Check One)**

\_\_\_\_\_ U.S. Citizen or permanent resident  
\_\_\_\_\_ In the U.S. on a Visa. Type of Visa: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_

**11. Please check the one which best describes your ethnic background.**

\_\_\_\_\_ Black/Non-Hispanic \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ White/Non-Hispanic  
\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Multi-Ethnic

**12. Educational Level (Please Check those applicable)**

\_\_\_\_\_ Some College \_\_\_\_\_ Number of Credit hours  
\_\_\_\_\_ 60 semester hours or A.A./A.S. degree  
\_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Doctoral Degree  
\_\_\_\_\_ Master's Degree \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**13. Last High School Attended:** \_\_\_\_\_  
(Name of School) (City and State)

Graduated: Month \_\_\_\_\_ Year \_\_\_\_\_  
GED \_\_\_\_\_ Date \_\_\_\_\_

**14. List all colleges attended:**

Name of college	City and State	Attended From/To	Credit Hours/ Degree Received

**15. Please list employment experience. Start with the most recent.**

Name & Address of Employer	City & State	Title & Profession	From/To

**16. Character references: Please give two non-family professional references.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**17. Through whose influences or what publication did you first become interested in Naprapathic Medicine?**

\_\_\_\_\_  
\_\_\_\_\_

APPLICANTS: Please read the following and sign:

**CERTIFICATION**

I understand that withholding information requested on this application or giving false information will make me ineligible for admission to the college or subject to dismissal. With this in mind, I certify that the above statements are correct and complete.

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

**A Smoke-Free Policy has been established for the College Premises**

The National College of Naprapathic Medicine does not discriminate on the basis of race, religion, creed, sex, age, marital status, disability, national origin or sexual orientation in its educational programs, activities or employment practices.

**ACKNOWLEDGEMENT**

"I hereby acknowledge that I have been informed of and understand that Naprapathic treatment primarily involves using the hands in physical, skin to skin contact with the patient for manual manipulation of the connective tissues (muscles, ligaments, etc.) of the human body. I further understand that the practice of Naprapathic Medicine can require the application of significant manual pressure on the body of the patient, and that the Naprapathic practice can also require the careful observation of the movements of a patient. I hereby consent to such physical contact to my body by others, and I hereby consent to making such physical contact with others, to the extent such procedures are a scheduled part of the Naprapathic studies curriculum of NCNM."

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant)

If you are paying by credit card, please fill out the following information:

VISA                       MASTERCARD                       DISCOVER

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I understand that a non-refundable application fee of \$100.00 will be charged to my credit card.

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

Note: In addition to mailing this application to the college, BE SURE you do the following:

- 1) Answer each question fully and precisely.
- 2) Enclose the \$100.00 non-refundable application fee.
- 3) Request your College(s) to send official transcripts of all college credits to the Admissions Department.
- 4) Request your two character references to complete the Applicant Evaluation Forms and forward them directly to the Admissions Department.

Admission Department  
National College of Naprapathic Medicine  
3330 N. Milwaukee Avenue  
Chicago, IL 60641



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