

ACADEMY OF HOMEOPATHY EDUCATION NYC | WORLD



2016-2017 Application Form

Program interested in:

- Full-time (2 years)
- Part-time (4 years)
- Short Course (1 year)
- Modular (3 years)
- Clinic Only

Name:

Date of Birth:

Gender:

Email:

Telephone number:

Address:

Place of birth/primary languages spoken:

Current occupation:

Transfer students: please indicate years of study completed, program(s) attended and anticipated start date.

Qualifications: Education history, degrees, professional training, special skills.

Why would you like to study homeopathy at AHE NYC?

Achievements: What personal or professional milestones are you most proud of?

Transfer students: Please include information about your prior training and why you wish to join AHE NYC.

What experience of homeopathy have you had?

AHE NYC suggests that all students consider receiving homeopathic treatment. Are you currently? Please give a brief outline.

Do you have special learning needs or disabilities? Please specify.

DECLARATION

Any statements on this form, which prove to be untrue or purposely misleading, will cause the application to be canceled. I confirm that the information given in this form is true, complete, and accurate. I consent to the processing of this information by the Academy of Homeopathy Education New York City for educational purposes only.

APPLICANT'S SIGNATURE

DATE

Please provide two letters of reference (one personal and one professional).

These letters should be sent directly to Denise Straiges, President and Clinic Director, AHE NYC dstraiges@ahenycworld.com.

Please email **this completed** application to admin@ahenycworld.com and then send the \$100 application fee to:

HOHM Partners, LLC
125 Sherman Street #2
Brooklyn, NY 11218

FOR OFFICIAL USE ONLY

Date of Interview:

Interviewer:

Identification Provided:

Further action required: