



AMC of H
AT
PIHMA
Center for Professional
Education & Development

HOMEOPATHIC PRACTITIONER PROGRAM APPLICATION CHECK LIST

Name: _____

Date of Birth: __ __ / __ __ / __ __ __ __

- Completed Application Form
- \$50 Application Fee
 - Check #: _____
- Essay
- Resume
- Letter of Recommendation
 - Reference 1: _____
 - Reference 2: _____
- Transcripts
 - Transfer from _____
 - Degree _____
- Signed FERPA form
- Signed Background form
- Completed Background check
- Financial Readiness Questionnaire
 - Balance: _____

Homeopathic Practitioner Program Application Check List

- Acknowledgement of completed application
- Interview
 - Interviewed by: _____
 - Date: _____
- Acceptance packet mailed (or rejection letter)
- Signed Student Enrollment Contract returned
- \$200 deposit fee Paid
- Completed Courses
 - Anatomy
 - Physiology
 - Pathophysiology
- Turned in CHC Cases
- FINAL TRANSCRIPTS AND CERTIFICATE /MAILED