



AMCoFH
AT
PIHMA
Center for Professional
Education & Development

HOMEOPATHIC PRACTITIONER CERTIFICATE PROGRAM
APPLICATION FORM

Name: _____

Date: ___/___/_____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ___/___/_____

Home Phone Number: _____

Work Phone Number: _____

Email: _____

Emergency Contact Name: _____ Phone Number: _____

How Did You Hear About AMCoFH? _____

Have you ever been convicted of, pled guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations _____ (if yes, please attach a full explanation).

1. Please include a \$50 application fee (made out to AMCoFH@PIHMA@CPED). This is non-refundable.
2. FERPA form signed.
3. Please write a 300-500 word essay outlining your reasons to study homeopathy and your previous homeopathic experience or experience in other healthcare professions.
4. Please include a curriculum vitae or resume with your application.

Homeopathic Practitioner Certificate Program Application Form

5. Please include two references from individuals who know you and your work well (see Applicant Recommendation Form). *If you will have the letters sent, please list the names below.*
 - a. _____
 - b. _____
6. Please send official transcripts from any post-secondary schools attended (colleges, universities and medical schools).
7. Please sign and return the Background Check Permission Form.
8. Once the application process is complete, an interview is required for acceptance into the program.

Please return this form and other application materials to:

AMCofH@PIHMA Center for Professional Education & Development
Office of Admissions/attention: Mary Ellen Simmons

Email: msimmons@pihma.edu

Address: 301 E Bethany Home Road, Suite A-100 Phoenix, AZ 85012