



APPLICATION FOR ADMISSION

INSTRUCTIONS

It is the policy of New York College that there shall be no discrimination with respect to educational opportunities offered by the College because of an individual's race, creed, religion, color, national origin, ancestry, age, sex, affectional or sexual orientation, marital status, atypical heredity, cellular or blood trait, pregnancy, childbirth or related medical condition, disability (including AIDS and HIV infection), liability for service in the United States Armed Forces, and any other legally protected status under applicable law.

APPLICATION PROCEDURES

1. Complete the application and return it to New York College with the corresponding non-refundable application fee:
 - Oriental Medicine/Acupuncture/Massage Therapy - \$85
 - Holistic Nursing - \$50
2. Upon receipt of your application and fee, an Admissions Counselor will contact you to set up a time for your interview.
3. The following documents are also required for your application to be complete:

Massage Therapy Programs:

- Request an official transcript from any college from which you hold a degree; or any college from which you desire transfer credits.
- If you have not attended college prior to applying to New York College of Health Professions, request an official high school transcript or high school equivalency certificate.
- If you have not completed high school you may earn your GED while attending the School of Massage Therapy.

Note: Even if you have attended college for credit bearing courses, proof of high school graduation or equivalency is required for the New York State Massage Therapy Licensing Exam.

Acupuncture or Oriental Medicine Programs:

- Request an official transcript from all previous colleges attended.

Holistic Nursing Program:

- Request an official transcript from the school of nursing attended, and provide a copy of your current RN License, malpractice insurance and CPR Certification.

ENTRANCE REQUIREMENTS

Massage Therapy Programs

Applicants for admission must have graduated high school with a minimum GPA of 2.0, or have equivalent qualifications or earn their GED while enrolled in the Massage Therapy Program.

Acupuncture and Oriental Medicine Programs

Applicants for admission must furnish proof of having completed a minimum of 60 undergraduate semester credits, with a minimum GPA of 2.5, in a college or university program registered by the New York State Education Department or in a college or university accredited by an agency recognized by the U.S. Secretary of Education.

Holistic Nursing Program

Applicants to this program must submit the following documentation with the application: Copy of current New York State RN License; proof of malpractice insurance; proof of current CPR certification.

TRANSFER APPLICANTS

Candidates transferring from other schools must complete application procedures and supply the following documentation:

- Letter of good standing from the previous professional school attended
- A short essay explaining why they wish to transfer to New York College

INTERNATIONAL APPLICANTS

New York College welcomes applications from international candidates. All applicants who are citizens of foreign countries must complete application procedures and provide the following additional documentation to the College:

- Evaluation and Certified English translation of educational credentials by an appropriate agency (World Education Services, WES; International Education Resource Foundation, IERF; etc.)
- An Ability-to-Pay statement.
- Valid visa (unless a permanent resident of the United States). New York College is authorized under Federal law to enroll non-immigrant alien students. An international student who needs to have his/her visa transferred should consult with an immigration lawyer.

Applicants to the Graduate School of Oriental Medicine must also provide the following:

- Official score report of TOEFL (Test of English as a Foreign Language) - minimum score of 500.
- Official score equal or better than the current mean score on the TSE (Test of Spoken English).

All expenses incurred by international candidates during the application process are the responsibility of the candidate.

PHYSICAL EXAMINATION

All students must submit proof of a physical examination taken **upon enrollment** in a New York College program. The exam must demonstrate satisfactory health.

IMMUNIZATION REQUIREMENT

New York State law requires that students born on or after January 1, 1957, who are enrolled for six or more chargeable credits, must be immunized: 2 measles, 1 mumps and 1 rubella. Documentation is required **upon enrollment**. Additionally, all students enrolled for six or more credits must fill out the Meningitis Vaccination Response Form. They must then provide a record of Meningococcal Meningitis immunization within the past 10 years, **or** an acknowledgement of the disease risks and refusal of the immunization.

SECTION A - PERSONAL INFORMATION

Please print or type clearly. Responses to questions preceded by * are optional (for statistical and reporting purposes only).

1. Prefix:* Dr. Mr. Mrs. Ms. Miss

First Name: _____ Last Name: _____

Former Last Name (if applicable): _____

2. Date of Birth: _____ Gender:* Male Female

3. Please check the ethnic/racial group with which you most closely identify:*

White (non-Hispanic) Black (non-Hispanic) Hispanic
 Asian or Pacific Islander American Indian or native Alaskan Other _____

4. Marital Status:* Married Single Divorced Widowed

5. Veteran:* Yes No

6. U.S. Citizenship Status: Citizen Non-Citizen

Visa Status: Green Card F-1

Do you wish to apply for a Student Visa? Yes No

7. Country of Birth: _____ Primary language: _____

8. Social Security Number: _____

9. Address: _____

City: _____ State: _____ Zip: _____

Legal Address (if different from above): _____

City: _____ State: _____ Zip: _____

10. Telephone: Day _____ Evening _____ Cell _____

11. E-mail address _____

12. Have you ever been convicted of a felony or misdemeanor, other than traffic offenses? Yes No

If yes, please describe _____

13. Have you previously applied to New York College? Yes (date) _____ No

14. Are you currently employed? Yes No Full-Time Part-Time

Occupation: _____

15. Emergency Contact Person _____

Relationship _____

Telephone: Home _____ Business _____

16. A. Applying to Start In: (Mark one only)

January/February _____ May/June _____ Sept./Oct. _____

B. Full-time (12 credits or more) Part-time (6-11 credits) Part-time (1-5 credits)

17. Applying for enrollment in: (See application instructions for fee and pre-requisite information)

Massage Therapy Program Advanced Asian Bodywork Program Acupuncture Program

Oriental Medicine Program Acupuncture Program for Chiropractors Program Holistic Nursing Program

18. What location are you interested in attending:

Syosset, NY Brooklyn, NY

19. Are you interested in information regarding financial aid, veteran's benefits, vocational rehabilitation assistance, or other educational benefits? Yes No

SECTION C - COLLEGE PLANS

20. List in chronological order (the most recent first) all secondary and higher educational institutions attended. Be sure to include high school information.

Institution 1 _____

Complete Address _____

Start Date _____ End Date _____ Degree Obtained _____

Institution 2 _____

Complete Address _____

Start Date _____ End Date _____ Degree Obtained _____

Institution 3 _____

Complete Address _____

Start Date _____ End Date _____ Degree Obtained _____

Institution 4 _____

Complete Address _____

Start Date _____ End Date _____ Degree Obtained _____

Institution 5 _____

Complete Address _____

Start Date _____ End Date _____ Degree Obtained _____

Note: Please indicate name under which transcripts are issued if it is different from current name:

SECTION D - DECLARATIONS

All times and dates are subject to revision, depending on enrollment. Prospective students are advised to file this application and related materials as soon as possible. Classes are limited in size, and enrollment is closed when the class is full.

Please read the following declaration and sign below. Applications without a signature will not be processed.

I declare that all statements made in this application are, to the best of my knowledge, true and correct. I understand that if I was born on or after January 1, 1957 and if I enroll for 6 or more chargeable credits, I must provide the College with proof of immunization **upon enrollment**; 2 measles, 1 mumps, and 1 rubella in accordance with New York State law. I also understand that I must submit proof of a physical examination **upon enrollment**, I must fill out the Meningococcal Meningitis Vaccination Form and provide proof of immunization within the last 10 years or acknowledgement of the disease risks and a signed refusal of immunization **upon enrollment**. My failure to comply with these policies will result in disenrollment from classes without refund of tuition and fees.

Signature of Applicant _____ Date _____

When completed, this application form along with the corresponding application fee should be returned to:

**New York College of Health Professions
Office of Admissions
6801 Jericho Turnpike
Syosset, NY 11791-4413
1-800-9-CAREER ext. 351**