

North American Institute of Medical Herbalism, Inc.

P.O. Box 20512
Boulder, CO 80308
303-541-9552 720-406-8784 Fax
inquiries@naimh.com

APPLICATION FOR ADMISSION

Personal Information

Name _____

Address _____
Street City State Zip

Phone _____ Email _____

Social Security Number _____ - _____ - _____

Do you have a High school Diploma? Y / N

Do you have a handicap that might prevent you from successfully completing this program/seminar?
Y / N

Program or Seminar Applied for: Fundamentals _____ Advanced _____ Internship _____
Seminar _____

Volume and Number of your catalogue from NAIMH, Inc. _____

Documentation

Please attach a curriculum vitae of your previous employment and education.

Prerequisites: (Please list a description of your previous studies, according to the requirements published in the catalogue, and attach documentation)

For Program Applicants (not short seminars): Please submit a 1-2 page essay describing why you want to attend the school, and how you think the education fits with your calling/life-vision.

Please sign below and enclose an application fee (\$50 for fundamentals, advanced, or clinical program applicants) or deposit described in the catalog for shorter seminars.

Signature _____ Date _____