

Application Type (select one of the options below): 2-Week Course in Shanghai, China

Health Professional, Course Date: July 31-August 11, 2017

APPLICANT INFORMATION

Application Date (MM/DD/YYYY) ____/____/____

Name

Last _____ First _____ Middle _____

Date of Birth (MM/DD/YYYY): ____/____/____

Gender (circle): Male Female

Phone Number _____

Email address _____

Permanent Address

Country of Citizenship _____

Current Visa Status and Expiration Date (if applicable) _____

EDUCATION

University	Degree	Field of Study	Year of Completion	City and Country

EMERGENCY CONTACT

Emergency Contact _____ Emergency Contact Phone Number _____

Relationship to Applicant: _____

Curriculum:

- 1. Clinic Observation**
- 2. Lectures and Discussion**
- 3. *Mentorship with Local and CEWM Faculty**

Clinic Observation (up to 5 different types of Health Centers)	10 HRS
Lecture/Discussion	Up to 30 HRS
Experiential Session (Taiji, Workshops)	10 HRS
Cultural Exposure	4 HRS
Independent Study	6 HRS
Total: 60 HRS	

Please rank the following topics in the order of your interest (1=strongest, 6=least)

	Women’s Health		Oncology
	Pain Management		Advanced Techniques in TCM Treatment
	Geriatrics		Nutrition (Food as Medicine)

Additional Topic(s) that you are interested in exploring:

Please state the reason and purpose for taking the course along with your goals. (Please do not exceed the allotted space.)

Global Perspectives of Integrative Medicine: 2-Week Course for Health Professionals in Shanghai, China. Please select the session that you are applying for:

- Session 1: July 31-August 11, 2017**

Tuition of 2-Weeks Course: Tuition includes 14 days hotel accommodations, airport pick-up and drop-off, transportation to clinical sites and special events, admission to museums, lecture series and didactic materials.

- \$2,700 (for a double occupancy)**
 \$3,000 (for a single occupancy)

As a student taking the 2-week course in Shanghai, China, I acknowledge the following:

1. The course is a 2-week learning opportunity offered by faculty members affiliated with UCLA Center for East-West Medicine, Shanghai University of Traditional Chinese Medicine School and selected clinical sites.
2. Upon completion, you will received a certificate of completion in “Global Perspectives of Integrative Medicine: East-West Medicine in Shanghai, China”.
3. The organizers, UCLA Center for East-West Medicine, is not responsible for travel arrangements and travel insurance to Shanghai, China. **The tuition excludes travel documents, visa application, flights and meal costs.**
4. Full payment is required 1-month before the course starts in June 30, 2017 and participate in an orientation video conference 2-3 weeks prior to the course start date.

By signing, you acknowledge the information provided in the application is correct and would like to proceed in the submitting payment for the course. A CEWM staff will follow-up with you on payment options.

Applicant Signature: _____ **Date:** _____

Submit completed application to Sandi Chiu, schiu@mednet.ucla.edu or Fax to 310-794-3310.