

APPLICATION FOR CERTIFICATION PROGRAM IN ZHU'S SCALP ACUPUNCTURE

Name _____ Date of Birth _____ Gender _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Office Address _____
 City _____ State _____ Zip _____ Country _____
 Phone numbers: Home _____ Office _____
 Fax _____ Cell _____ E mail _____

Schools Attended Since High School	Dates Attended	Area of Study	Degree	Date Received

List current Licenses and/or Certificates in Healing Arts from Country, State, Federal or other Agencies:

Title	Issuing Agency	License #	Issuing Date	Expiration Date

POLICIES

- The applicant must commit to fulfill all requirements of the Program within five years from the date of acceptance. All modules are mandatory. If the time exceeds five years, you may need to reapply for candidacy status. Our Foundation reserves the right to require you to retake certain classes or tests.
- All payments are non-refundable. If a class is missed, you may apply the payment to a future class. If pay by installments, a finance charge of 2% will be imposed on late payments.
- Audio recording is permitted in class but videotaping is not allowed.
- Photographs, course materials, audiotapes may not be used for commercial or promotional purposes.
- Professor Ming Qing Zhu reserves the copyrights to all materials in any form and medium pertaining to Zhu's Scalp Acupuncture. No written, printed, audio or visual material may be copied or reproduced without written authorization of Prof. Zhu or our Foundation.
- A certificate to practice Zhu's Scalp Acupuncture is not a certificate to teach the course. To obtain a teacher status, you must be authorized by our Foundation after meeting certain qualifications and agreeing to the terms set by our Foundation.

Please submit the following items with this application:

- Copy of a professional license that legally allows you to practice acupuncture.
- A recent photograph.

Payment method: Check payable to **ZSAREF** VISA/MasterCard No. _____
 Exp(MM/YY) _____ V-code _____
 Lump-sum Amount: \$3650
 Installment Amount: _____ I agree to pay according to the installment schedule.

By signing below, I accept all the terms and policies of the program.

Date of Application _____ **Signature** _____