

# Homeopathy School International

## *Advanced Clinical Studies (Year III)* **Application**

*Mail your completed application and a \$200 deposit to the  
Homeopathy School International, POB 20340, Boulder, CO 80308-3340*

\_\_\_\_\_  
First Name                                      Last Name                                      Gender      Birth Date

\_\_\_\_\_  
Address    City                                      State      Zip Code

\_\_\_\_\_  
Home Phone                                      Work Phone                                      Cell Phone

\_\_\_\_\_  
Social Security #                                      Place of Birth                                      Email Address

\_\_\_\_\_  
Emergency Contact    Emergency Phone #

\_\_\_\_\_  
Name and Address of Homeopathy Program Completed (500 hrs. minimum)\*

\_\_\_\_\_  
Year Graduated      Telephone # of School                                      Email Address of School

**I verify that the above information is true and correct.**

\_\_\_\_\_  
**Signature**    **Date**

\*If you attended a 500-hour program in classical homeopathy other than at the *Homeopathy School International*, please attach a copy of your transcript to this application.