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

Check one of the following:

Anatomy and Physiology

- ❑ I have successfully completed a college-level course in anatomy and physiology
  Date of completion _____ College _____*
- ❑ I plan to complete a course in anatomy and physiology by _____ (date)
  College _____*
- ❑ I have not completed anatomy/physiology & have no immediate plans to enroll.

Human Pathology

- ❑ I have successfully completed a college-level course in human pathology
  Date of completion _____ College _____*
- ❑ I plan to complete a course in human pathology by _____ (date)
  College _____*
- ❑ I have not completed human pathology and have no immediate plans to enroll.

*Please send a copy of a transcript documenting completion of each course.

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I verify that the above information is true and correct.

_____ _____
Signature **Date**

P. O. Box 20340 ♦ Boulder, CO 80308-3340 ♦ Phone: 303-440-3717
www.homeopathyschool.org ♦ info@homeopathyschool.org