



INTERNATIONAL ACADEMY OF CLASSICAL HOMEOPATHY

NORTH AMERICAN 3-YEAR PRACTITIONER PROGRAM By PROFESSOR GEORGE VITHOULKAS 2021-2024 APPLICATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

ID/Driver's License/ Passport No: _____

Expiration Date: _____ Issued by: _____

Date of birth: _____ Email: _____

Home Phone number: _____ Work or Cell Phone: _____

Emergency Contact (name and phone number): _____

What is your highest level of educational achievement thus far?

Associate Degree Area of Study: _____ GPA: _____

Bachelor Degree Area of Study: _____ GPA: _____

Master Degree Area of Study: _____ GPA: _____

Graduate degree Area of Study: _____ GPA: _____

Have you taken Anatomy, Physiology and Pathology? Yes / No

If yes, what school or institution? _____

Title/Current Profession:



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How did you hear about IACH? (circle one)

IACH Newsletter

NCH Newsletter

NASH

JAHC

ACHENA

IACH student/alumni

My Homeopath/Physician

(name): _____

Other:

How long have you been interested in homeopathy? _____

Other homeopathic education: _____

Are you currently a practitioner of homeopathy? Yes / No

Why are you interested in this course?

Have you ever been convicted of, plead guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations?

Yes / No

If yes, please provide an explanation: _____



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1. Please include Curriculum Vitae or Resume with your application.
2. Please send a copy of transcripts demonstrating a minimum of the required two academic years (60 semester credits/90 quarter credits) of education at the baccalaureate level, or the equivalent (e.g. certification in a medical profession requiring at least the equivalent training of a registered nurse or physician's assistant), from an institution accredited by an agency recognized by the U.S. Secretary of Education. Please also include proof of completion of Anatomy, Physiology and Pathology if these have already been completed.
3. Please attach 2 letters of recommendation. At least one of these should be a professional reference from a homeopathic practitioner, professional in the healthcare industry, or a colleague/superior from your current profession.
4. Please include a copy of your ID, Driver's License, or Passport with your application. Please do NOT send Social Security information.
5. Applicants must obtain a background check on themselves from the criminal records office at their local police department. In order to obtain this form, most police departments require applicants to fill out a form at the station. A driver's license, passport or other legal form of ID must be presented. There is usually a fee for this service, which varies from state to state and city to city, but it is usually between \$5 and \$20. Once you submit the form, it usually takes 5-10 business days before they send you notification that your report is available for pick up. A background check must be included with your application submission.
6. Please submit a non-refundable \$50 registration fee to:
https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=P4NERM7WZCHR4

The deadline for registration is July 16, 2021. Applications and required documentation must be received in our office by July 16, 2021. All emailed documents must be attached as a Word .doc or in pdf format. Once we receive your application and all required documentation, you will be contacted via email in order to set up an interview for final entrant consideration.

Finally, in compliance with state and federal laws, The International Academy of Classical Homeopathy does not discriminate on the basis of race, religion, color, national origin, age, sex, veteran status, sexual orientation, marital status or disability, in any of its educational programs.



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I hereby certify that the above and previous statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for application consideration or entrance acceptance.

Signature: _____ Date _____

- **Note: digital signatures are not acceptable**
- **Please return this form and other application materials via regular post (no certified mail, please) to:**

Arizona Homeopathy P.O. Box 26276, Phoenix, AZ 85068

AND also email all admission materials to: info@vithoulkas.college

Thank you!