INTERNATIONAL ACADEMY OF CLASSICAL HOMEOPATHY

NORTH AMERICAN 3-YEAR PRACTITIONER PROGRAM
By PROFESSOR GEORGE VITHOULKAS
2027-2030 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?

☐ Bachelor Degree Area of study:_____ GPA: _____
☐ Masters 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:_____

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? _____

_____

How did you hear about IACH?

☐ IACH Newsletter
☐ NCH Newsletter
☐ NASH
☐ JAHC
☐ IACH student/alumni
☐ My Homeopath/ Physician (name): _____
☐ Other: _____

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: _____

_____

1. Please include Curriculum Vitae or Resume with your application.

2. Please send a copy of transcripts demonstrating the minimum required Bachelor Degree or equivalent (e.g. certification in a medical profession requiring at least the equivalent training of a registered nurse or physician's assistant). 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. The letters of recommendation should be dated, and include contact information for the writer (i.e. email, phone, website etc).

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 crime 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 $10. 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 31, 2027**.

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.

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: Please sign and scan this form before submitting your application. Digital signatures are not acceptable.**
- **Please return this form with your original signature via regular post (<u>no certified mail, please</u>) to:**
  Arizona Homeopathy
  P.O. Box 26276, Phoenix, AZ 85068

<u>AND also</u> email ALL admission materials to: info@vithoulkas.college

Thank you!