*Dragon Rises College of Oriental Medicine*

*1000 NE 16th Ave., Building F, Gainesville, FL 32601*

 *(352) 371-2833 • Fax: (352) 244-0003 • www.dragonrises.edu*

**Applicant Health Certification**

All applicants accepted to Dragon Rises College’s Masters of Acupuncture with a Chinese Herbal Medicine Specialization program must be able to meet certain physical and emotional health standards. This information is provided to help students be aware of the performance expectations as well as the challenging academic nature of this program of study. The college is committed to nondiscrimination with respect to race, creed, color, religion, age, disability, sex, marital status, sexual orientation, national origin, political affiliations or opinions, and veteran status in the admissions, educational policies, financial aid, employment or in any program or activity.

I certify that:

1. I have sufficient vision, hearing and touch to perform the customary techniques taught at Dragon Rises College. (Sensory observation)

2. I am able to speak, hear, and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communication. I am able to effectively and sensitively communicate with patients, faculty, and other students. (Communication)

3. I have sufficient motor functions to coordinate both gross and fine motor muscular movements as required for techniques taught in this program. (Motor coordination)

4. I have the ability to problem solve in groups and/or individually. (Conceptual abilities)

5. I possess the emotional health required for full utilization of my intellectual abilities, exercise of good judgment, prompt completion of all responsibilities both academically and in the care of patients, and am able to function effectively under stress. (Behavioral attributes)

6. I am free of any health condition, for example uncontrolled seizures or communicable diseases, which could pose a danger to myself or a patient in the course of procedures taught in this program (such as needling, fire cupping).

7. List briefly your medical and emotional history as it pertains to any conditions which may interfere with the practice of acupuncture and Chinese Medicine or which may be aggravated during a lengthy and demanding academic program.

I, the undersigned, certify that the information contained in this application is true and correct.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

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