



## EDUCATIONAL BACKGROUND

List all secondary and post-secondary institutions attended, in chronological order, beginning with the most recently attended. Please ensure that for each institution listed, an official transcript is forwarded directly to the University.

| Name/s of Institution/s | Date/s Attended |    | Area of Study | Types of Certification Received<br>(Certificates, Diploma, Degree) |
|-------------------------|-----------------|----|---------------|--|
|                         | From            | To |               |  |
|                         |                 |    |               |  |
|                         |                 |    |               |  |
|                         |                 |    |               |  |
|                         |                 |    |               |  |
|                         |                 |    |               |  |

Will you be a secondary school graduate by the first day school?  Yes  No

## EMPLOYMENT HISTORY

| Name of Company | Period of Employment |    | Position | Contact Person | Telephone |
|-----------------|----------------------|----|----------|----------------|-----------|
|                 | From                 | To |          |                |           |
|                 |                      |    |          |                |           |
|                 |                      |    |          |                |           |
|                 |                      |    |          |                |           |
|                 |                      |    |          |                |           |
|                 |                      |    |          |                |           |

You may provide additional information which you feel might be relevant to the admissions process. This could include your resume, record of community service and leadership, personal achievements, academic distinctions, and/or a brief letter outlining your reasons for choosing this program.

## APPLICATION CHECKLIST

Please note that your application cannot be processed without the application fee and all accompanying documents. When submitting your application please ensure that:

- |  |   |
|--|---|
| <input type="checkbox"/> the entire application form is completed, signed and dated. | <input type="checkbox"/> two (2) passport-sized photographs are included.                   |
| <input type="checkbox"/> all transcripts are attached.                               | <input type="checkbox"/> you included the non-refundable application fee of <b>\$215.00</b> |
| <input type="checkbox"/> a copy of a government issued photo ID is included.         | <input type="checkbox"/> made payable to National Academy of Osteopathy (NAO).              |

## PRIVACY STATEMENT

Information collected on this form and from supporting documentation is required for the purpose of admitting applicants to the osteopathic manual practice program. Once an applicant has been admitted to the National Academy of Osteopathy as a registered student, the information collected will be used in the conduct of the academy's normal operations. No information collected herein shall be provided to any third party for any commercial purpose whatsoever without the prior consent of the applicant/student.

## DECLARATION

I hereby apply for admission to National Academy of Osteopathy (NAO). I understand the application fee covers the cost of processing the application and is not refundable. I hereby affirm and declare that all statements contained in this application for admission are true, correct, and complete and that I have not misrepresented or withheld any fact that would, if fully and accurately disclosed affect my application unfavourably. I understand that false statements, misrepresentations, and/or omissions on this application may be considered sufficient cause for rejection of this application, or, if successfully admitted, suspension or expulsion from National Academy of Osteopathy (NAO) upon discovery of any such false statement.

Applicants Signature

Date