

# ACADEMY OF HOMEOPATHY EDUCATION NYC | WORLD



## 2019-2020 Application Form

Program interested in:

- Full-time (2 years)
- Part-time (4 years)
- Short Course (1 year)
- Modular (4 years)
- Clinic Only

Name:

Birthday (Day/Month/Year): Gender:

Email:

Telephone number:

Full Mailing Address (Street/City/State/ZIP Code):

Place of birth/primary languages spoken:

Current occupation:

Program Interest (Full Time or Part Time Coursework):

*Transfer students: please indicate years of study completed, program(s) attended and anticipated start date.*

**Qualifications: Education history, degrees, professional training, special skills.**

**Why would you like to study homeopathy at AHE NYC?**

**Achievements: What personal or professional milestones are you most proud of?**

*Transfer students: Please include information about your prior training and why you wish to join AHE NYC.*

**What experience of homeopathy have you had?**

**AHE NYC suggests that all students consider receiving homeopathic treatment. Are you currently? Please give a brief outline.**

**Do you have special learning needs or disabilities? Please specify.**

## DECLARATION

Any statements on this form, which prove to be untrue or purposely misleading, will cause the application to be canceled. I confirm that the information given in this form is true, complete, and accurate. I consent to the processing of this information by the Academy of Homeopathy Education New York City for educational purposes only.

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**APPLICANT'S SIGNATURE**

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**DATE**

**Please provide two letters of reference (one personal and one professional).**

These letters should be sent directly to Denise Straiges, President and Clinic Director, AHE NYC [dstraiges@ahenycworld.com](mailto:dstraiges@ahenycworld.com).

Please email **this completed** application to [admin@ahenycworld.com](mailto:admin@ahenycworld.com). Furthermore, please email us for our mailing address to send the \$100 application fee.

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## FOR OFFICIAL USE ONLY

Date of Interview:

Interviewer:

Identification Provided:

Further action required: