Homeopathy School of Colorado

Advanced/Clinical Program
Application

Mail your completed application and a $200 deposit to the
Homeopathy School of Colorado, POB 20340, Boulder, CO 80308-3340

_____ _____ _____ _____
First Name Last Name Gender Birth Date

_____ _____ _____ _____
Address City State Zip Code

_____ _____ _____
Home Phone Work Phone Email Address

_____ _____
Social Security # Place of Birth

_____ _____
Emergency Contact Emergency Phone #

_____
Name and Address of Homeopathy Program Completed (500 hrs. minimum)

_____ _____ _____
Year Graduated Telephone # of School Email Address of School

Check one of the following:

- ❑ I have successfully completed a college-level course in anatomy and physiology
  Date of completion _____ College _____*
- ❑ I plan to complete a course in anatomy and physiology by _____
  College _____*
- ❑ I have not completed a course in anatomy and physiology and have no immediate plans to enroll.

*Please send a copy of a transcript documenting completion of the A & P course.

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I verify that the above information is true and correct.

_____ _____
Signature **Date**

P. O. Box 20340 ♦ Boulder, CO 80308-3340 ♦ Phone: 303-440-3717
www.homeopathyschool.org ♦ info@homeopathyschool.org