



AcuDetox 70-Hour Certificate Program Application for Admissions

FIRST in Texas Approved to Teach Acupuncture

4005 Manchaca Road
Austin, TX 78704
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acudetox@thsu.edu

TEXAS HEALTH AND SCIENCE UNIVERSITY

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Austin, Texas 78704
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AcuDetox Training Program Application

A. APPLICANT DATA *(Please print or type all information; sign and date)*

Name: _____
 Last First Middle

Mailing Address: _____
 Street/P.O. Box City State Zip

Home phone: _____ Work Phone: _____

E-mail Address: _____

Sex: M F Date of Birth: _____ Country of Birth: _____

Are you a U.S. Citizen? Yes No If "NO", list VISA or residency status: _____

Driver's License Number: _____ State: _____ Expires: _____

Name, address & telephone number of a person through whom you can always be reached:

Name: _____ Address _____

City: _____ State: _____ Zip: _____ Home Tel#: _____ Work#: _____

For Office Use Only

Date Application Received: _____

B. MEDICAL LICENSE INFORMATION:

1. Type of license held (RN, LVN, LCSW, LPC, LCP, LCDC, etc):
2. Is your license current?
3. Is your license unrestricted?
4. Have you ever had a professional license revoked or suspended?
5. If yes, please explain:

C. OPTIONAL INFORMATION:

1. How did you learn about THSU?

D. APPLICATION CHECKLIST (Application must be complete & the following submitted):

2. Non-refundable application fee of \$200.00.
3. Copy of driver's license, birth certificate, or passport.
4. Copy of professional license issued by appropriate Texas regulatory agency.
5. Copy of CV or resume

I certify that, to the best of my knowledge, all statements made in this application are complete and true. I understand that any falsification as well as failure to submit all required documents may result in denial of this application, or my subsequent dismissal from Texas Health and Science University.

Signature: _____ Date: _____

Acudetox is an approved certificate program by the Texas State Medical Board. Successful completion of the Texas Health and Science University Acudetox Program does not warrant or make any guarantees that you are eligible to practice Acudetox due to restrictions or limitations imposed upon you by the Texas Medical Board or restrictions or limitations you may have in your own professional licensure.

I understand that tuition is due before I can begin the program. After I log in the online course, there will be no tuition refund.

I have read the disclosures above and furthermore understand and agree to any limitations that may be placed upon me by the State of Texas or any professional organization that I may be licensed to practice in accordance with the rules, regulations and, limitations of such profession.

Print Student Name

DATE

Sign Student Name

DATE

Medical Board Rules Acknowledgement

By my signature below, I acknowledge that I will comply with the Texas Medical Board rules pertaining to AcuDetox. Specifically, I understand that acupuncture treatment is limited to the insertion of needles into five acupuncture points in the ear. These points being the liver, kidney, lung, sympathetic, and shen men as specified by the Texas Medical Board. More information concerning the above can be found here:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=9&ch=183&rl=14](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=9&ch=183&rl=14)

Further, I acknowledge that I will comply with the Texas Medical Board rules pertaining to continuing education. The Texas Medical Board requires at least 6 hours CCAE in year in the practice of auricular acupuncture. More information concerning the above can be found here:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=9&ch=183&rl=21](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=9&ch=183&rl=21)

Name: _____
Print

Signature: _____

Date: _____

Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until completed payment (i.e., no account balance) to THSU is made.

Credit Card Information	
Please charge my credit card as follows:	
<input type="checkbox"/> Application Fee (non-refundable): \$200.00	
<input type="checkbox"/> Textbook Purchase: \$50.00- (non-refundable)	
<input type="checkbox"/> Tuition: \$1,000.00	
<input type="checkbox"/> Payment plan on Balance: 3-time installments. \$50.00 service fee applies.	
Your credit card will be charged as follows: \$400 on June 17, 2019; \$325 on July 19, 2019; and \$325 on August 2, 2019.	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):	
Card Number:	3 or 4 digit security Code_
Expiration Date (mm/20yy):	
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize THSU to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file until there is a zero balance on my THSU account.

Customer Signature

Date

The Texas Health and Science University does not discriminate on the basis of age, sex, handicapping condition, national or ethnic origin, religion, sexual preference, or race in the administration of its policies, admissions procedures, or other school administered programs.

To fax this application to THSU: 512-444-6345

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Thank you! You will be contacted soon after your application reaches us!