

APPLICATION FOR ADMISSION

Clinical Residency & Roundtable Program 2023-24

Today's Date _____

Personal Information

Name (legal name) _____

Preferred Name (if different) _____ Preferred Pronouns _____

Permanent Address _____

Mailing Address (if different) _____

Phone _____ Email _____

Previous Herbal Education

ACORN School of Herbal Medicine – Advanced Herbalism Graduate? No Yes If so what year? _____

NAIMH (Paul Bergner) - Advanced Herbalism Graduate? No Yes If so what year? _____

Other herbal medicine training/schooling? No Yes,

School name? _____ Year(s) Attended: _____

Program Completed? No Yes Name of program: _____

Required Documentation

All students are required to submit the following information. Applications will not be processed without these requirements.

- 1) Copy of driver's license or state issued ID.
- 2) Copy of certificate, diploma or other document that verifies your previous herbal education.
- 3) Write a one-page essay that describes your previous herbal education, and why you wish to join us in the clinic.

Read & Review the Clinic Program Handbook

Important: Read the document "**Clinic Policy for Student Clinicians**" located on the last page of this application AND the **School Policies section (pgs. 9-12)** BEFORE you submit your application. The Student Handbook can be found on our website, <https://www.acornherbschool.com/clinical-program> and scroll to the bottom of the page.

Clinic Program Costs

Tuition Deposit	\$1200
Tuition Balance	\$2800
Total Program Cost	\$4000

ACORN Payment Plan

All payments are auto-billed on the 1st Tuesday of the month (dates given below). Contact the school directly to make custom payment arrangements.

9/4/23	10/3/23	11/7/23	12/5/23	1/9/24	2/6/24	3/5/24	4/2/24	5/7/24
\$1200 Tuition Deposit	\$350 Tuition Payment	\$350 Tuition Payment	\$350 Tuition Payment	\$350 Tuition Payment	\$350 Tuition Payment	\$350 Tuition Payment	\$350 Tuition Payment	\$350 Tuition Payment
= \$1200	= \$350	= \$350	= \$350	= \$350	= \$350	= \$350	= \$350	= \$350

Financial Information

How do you plan to pay for this education?

(Select one) Check/Money Order Credit Card

(Select one) One-time payment Payment Plan

Application Fee \$50.00

This fee pays our time to thoroughly review each person's application, read their essay, and then schedule a private interview to discuss their enrollment. This is a non-refundable one-time payment. You can pay by credit card below or on our website using Paypal, go to go to <https://www.acornherbschool.com/clinical-program> and scroll to the bottom of the page. Checks are made payable to *Acorn School of Herbal Medicine*.

Choose a payment method (Please check one): Personal Check Money Order

Online (website) Credit Card, full number: _____

Exp Date: _____ Security Code: _____ Billing Zip Code: _____

By signing the line below, you are agreeing that all entries on this application and any attachments are true and complete, you have read the School Policies section (pgs. 9-12) in the Student Handbook, you have read the attached document "Clinic Policy for Student Clinicians," and agree to uphold those guidelines and abide by the terms outlined in that document.

Signature _____ (e-signed if typed) Date _____

Printed Name _____

Application Instructions

The **Student Handbook & Application Fee payment button** can be found at the bottom of our Advanced program webpage: <https://www.acornherbschool.com/clinical-program>

1. **Student Handbook** - Read the "Clinic Policy for Student Clinicians" and the **School Policies section (pgs. 9-12)** of the Student Handbook.
2. **Application** - Fill it out online and save it to your device by adding your name in the file name, for example: "CP Application 2023-24_Jane Smith.pdf"
3. **ID** - Take a picture of your ID and save it to your device.
4. **Herbal Certificate** - Take a picture of your herbal certificate and save it to your device.
5. **Essay** - Write the essay in a word processor and save the file as a .doc, .pdf, or share it as a Google Doc file to the email address below.
6. **Application Fee** - Pay the application fee on our website.
7. **Send an Email** – Attach the following: Completed Application, Copy of ID, Copy of Herbal Certificate & your Essay. Send to: herbalists@acornherbschool.com

Clinical Residency & Roundtable Program



Clinic Policy for Student Clinicians

- If for any reason a Student Clinician does not want to work with a particular client, they may decline the session and inform the Director of their decision.
- Student Clinicians are required to show expressed interest and compassion for the clients they do choose to work with.
- Client confidentiality must be maintained and all case records scrubbed for peer review. No names, places of work or school should be mentioned.
- Student Clinicians are required to follow through with each client they commit to. This means complete a case write up and communication with the client after each session via phone or email to discuss treatment plan options and establish a connection for future follow-up visits.
- Cases must be added to the Case Reading Log for feedback.
- Once a protocol has been agreed upon by both the client and the clinician, the client must receive a written treatment plan containing all necessary instructions.
- All Herbal Formulas must be rendered through the school pharmacy. To dispense a remedy or formula to a client send an email to the school at herbalists@acornherbschool.com with a request to fill the order.
- Student Clinicians must attend weekly Roundtable meetings and monthly Free Clinic Days. No more than 3 Roundtable absences and 1 Clinic Day absence will be permitted in order to graduate.
- All clinic cases shared within the group must be read by each clinic intern and provide proof that they have done so. This is the standard of community learning.

IMPORTANT: Failure to comply with Clinic Policy will result in dismissal from the program.

Contact ACORN School Director Heather Luna with any questions.