

Application for Admission

Colorado School of Clinical Herbalism

424 E Simpson St., Unit A

Lafayette, CO 80026

720-406-8609

apply@clinicalherbalism.com



Legal Name _____ **Name you go by:** _____

Local Address (street, city, state, zip) _____

Permanent Address, if different _____

Phone _____ **Email** _____

Social Security Number (required by the State of CO regulatory board) _____ - _____ - _____

How did you hear about CSCH? _____

Do you have a high school diploma or GED? Yes No

Do you have a handicap that might prevent you from successfully completing this program? Yes No

Program applying for (check one): Advanced Fundamentals (Day) Fundamentals (Eve)

Field Botany Clinical Program (Advanced graduates only. Check all that apply):

Aromatherapy Clinic Nutrition Flower Essence

Volume and Number of CSCH Catalog: Vol. ____ No. ____

Required Documentation (Please submit all 3 with this application form.) (These documents are not required for Clinic application. Clinic application fee: \$150)

1. A resume of your previous employment and education.
2. Proof of a high school education or college attendance (e.g., copy of diploma, completed transcript, GED).
3. A 1-2 page essay describing why you want to attend this school and how you think the education fits with your calling/life-vision. Include any previous herbal studies/experience.

Please sign below and submit application documents as 4 attachments to apply@clinicalherbalism.com Call to pay \$50 application fee by card or mail check.

Signature _____ **Date** _____