

**Veterinary Certificate Program Application**  
**American Medical College of Homeopathy**  
2001 W. Camelback Rd, Suite 150, Phoenix, Arizona 85015  
602-347-7950

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact(name and phone number):**  
\_\_\_\_\_

**How did you hear about this school?**  
\_\_\_\_\_

1. Please include a \$25 application fee (made out to AMCH). This is non-refundable.
2. Please write an essay outlining your reasons to study veterinary homeopathy and your previous homeopathic or veterinary experience, or experience in other healthcare professions.

3. Please include a curriculum vitae or resume with your application.

4. Please include two letters of reference from individuals who know you and your work well (see Applicant Recommendation Form). *If you will have the letters sent, please list the names below.*

a) \_\_\_\_\_ b) \_\_\_\_\_

5. Please send official transcripts from any post-secondary schools attended (colleges, universities and medical schools).

6. Once the application process is complete, an in person or phone interview is required for acceptance into the program.

Please return this form and other application materials to:

**American Medical College of Homeopathy**  
**Registrar-Veterinary Program**  
2001 W. Camelback Rd, Suite 150  
Phoenix Arizona 85015