

White: Yes No
 Emergency Contact Name: _____ Relationship: _____ Phone: _____

Emergency Contact Address: _____

Have you ever been disciplined by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violations?

Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality?

Have you ever been convicted of a Misdemeanor*?

Have you ever been convicted of a Felony*?

* Please answer these questions carefully. The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer 'NO' to these questions.

II. EDUCATION

Record of Colleges/Universities attended:

List all accredited or candidate post-secondary institutions attended *since your last application to SCNM*. If you are currently enrolled in a program, indicate your anticipated date of completion. You must order all official transcripts to be sent directly to SCNM.

Institution	City, State	Program/Major	Dates attended	Degree Earned

SCNM requires prerequisite coursework for admission to ND program. For a complete list, please refer to <https://www.scnm.edu/admissions/requirements>. Coursework does not need to be completed during reapplication, but must be completed prior to matriculation.

III. EMPLOYMENT HISTORY

Please attach an updated professional resume or CV. Your resume may also include: community service experiences; research/lab work; teaching and tutoring experience; honors, awards and recognition; conferences attended; presentations; publications; extracurricular hobbies; other leadership experiences; and patents or licenses owned or pending.

IV. SIGNATURE

I certify, as required in the application, that I have read and understand all application instructions. I certify that all the information and statements I have provided in this application are current, correct, and complete to the best of my knowledge. I certify that the information on my application represent my own work. I understand that withholding information requested on the application, or giving false information, may be grounds for denial of admission or may be grounds for expulsion after I have been admitted.

Signature

Date

Please submit application and application materials to: Southwest College of Naturopathic Medicine & Health Sciences
 2140 E. Broadway Rd.
 Tempe, AZ 85282

Southwest College of Naturopathic Medicine (SCNM) does not discriminate on the basis of race, ethnicity, gender, social-economic background, religion, sexual orientation, gender expression or identity, age, disability, veteran status, nationality, thinking styles, or life experiences in the administration of educational policies, admission policies, financial aid, employment, or any other program or activity. It is SCNM's goal to admit only the best-qualified applicants. The College reserves the right to admit or reject applicants in the exercise of the College's sole discretion at any point in the admissions process. SCNM is a tax-exempt, not-for-profit corporation accredited by the Higher Learning Commission (www.hlcommission.org) and approved to offer degrees by Arizona State Board of Private Postsecondary Education. SCNM's ND program is accredited by the Council on Naturopathic Medical Education (<https://cnme.org/>).