

JOHN THOMAS COLLEGE OF NATUROPATHIC MEDICINE

2623 Raymond Drive
St. Charles, Missouri 63301
1-866-254-7598
1-636-757-0122
636-946-7817 (fax)
www.johnthomascollege.org

January 2007

Dear Doctor,

We appreciate your interest in John Thomas College and the *advanced naturopathic medical doctor (N.M.D.)* program currently offered exclusively to first degree professionals including DC's, MD's & DO's.

John Thomas College is the only naturopathic medical school based in Missouri with degree granting privileges. John Thomas College is certified by the Missouri State Board of Higher Education and is seeking national program accreditation and regional accreditation (North Central Accreditation) with the Higher Learning Commission.

This unique program allows you to earn your naturopathic medical doctor (NMD) degree while continuing full-time practice, only requiring you to attend lectures and clinical classes one module (four days) per month for twenty seven months.

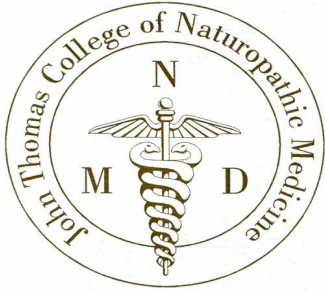
The academic program at John Thomas College includes course study in both traditional and holistic health care practices including family practice / internal medicine, obstetrics, gynecology, pharmacology, pediatrics, geriatrics, homeopathy, naturopathy, botanical medicines & nutrition.

The clinical internship rotation program is an integrated format that combines traditional and alternative practices where students demonstrate their clinical proficiency alongside medical residents in hospitals and with licensed naturopathic doctors in private clinical practice.

John Thomas College is accepting applications now for the Spring '07 class which will be meeting on the prestigious campus of Lindenwood University in St. Charles, Missouri.

The next class in Missouri will begin in June 2007. We encourage you to register early to reserve your seat due to limited space availability. Additional classes are planned in Florida, New York, Idaho, Texas, Arizona and California, but no dates are announced at this time.

For more information or to speak with one of our staff please contact our office at 636-757-0122 or visit our website at www.johnthomascollege.com



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APPLICATION FOR ADMISSION TO ADVANCED N.M.D. PROGRAM

Please READ & FOLLOW all instructions...

1. Print all responses on the application form.
2. With your application include the following documents
 - a. all educational transcripts sent directly to John Thomas College.
 - b. two letters of recommendation from two healthcare physicians
 - c. a copy of your curriculum vitae and/or resume with application
 - d. a copy of a birth certificate, naturalization papers, or student visa.
 - e. a typed letter explaining why you wish to become an N.M.D.
 - f. a description of your current practice, including practice type, patient demographics, volume of patients seen, and how/why you feel an N.M.D. degree will impact your practice.
 - g. the \$250 application fee in check or money order – DO NOT SEND CASH.
 - h. two passport type photographs of yourself (from chest to head).
3. Double check your application – missing information will delay or deny the application process.
4. Allow 4 – 6 weeks for processing.

John Thomas College of Naturopathic Medicine does not discriminate on the basis of race, sex, religion, age, national or ethnic origin, sexual orientation, marital status or handicap in the administration of educational policies, admission policies, or employment. Any persons having questions or concerns regarding compliance should address inquiries to the office and address shown below. Thank you.

SEND ALL APPLICATION, LETTER, FEES AND INQUIRIES TO:

JOHN THOMAS COLLEGE OF NATUROPATHIC MEDICINE

ADMINISTRATIVE OFFICE
2623 RAYMOND DRIVE
SAINT CHARLES, MISSOURI 63301

PERSONAL INFORMATION

Applicant's Name _____
Street Address _____
City/State/Zip _____
Telephone Day: _____ Evening: _____

Birth Date _____ Age: _____ Sex: _____
Citizenship United States _____ (include visa, if applicable)
Social Security Number _____
Military Service None _____

Emergency Contact:
Name _____
Phone _____
Relationship _____

Name of N.M.D. that you know:
Dr. _____
Address _____
City/State/Zip _____

PROFESSIONAL INFORMATION

I am a: D.C. M.D. D.O. _____
Years in Practice _____ Clinical Research
License Held in State _____ License # _____
State _____ License # _____
State _____ License # _____

Has your license ever been suspended or revoked? No Yes
(if Yes, please submit an explanation on separate page)

Explain your Clinical Practice Experience _____

If you are a Board Certified Specialist, please explain: _____

PRACTICE EXPERIENCE

Current Practice Name of Office _____
Address _____
City/State/Zip _____
Position _____ Years _____

Malpractice Carrier Company _____
Address _____
City/State/Zip _____
Policy Number _____ Exp. Date _____
Coverage Limits _____

EDUCATION

Undergraduate

Name _____

Address _____

City/State/Zip _____

Year Graduated _____

Degree _____

Graduate School

Name _____

Address _____

City/State/Zip _____

Year Graduated _____

Degree _____

Professional

Name _____

Address _____

City/State/Zip _____

Year Graduated _____

Degree _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS AND EXPLAIN ANY "YES" ANSWERS ON A SEPARATE PAGE

Have you been denied admission to any University, School or College?	No	Yes
Have you been convicted or punished of any unlawful act?	No	Yes
Have you been found guilty of any malpractice lawsuit or charge?	No	Yes
Have you been found guilty by and licensing board of any charge?	No	Yes
Have you been denied access to any professional organization?	No	Yes
Have you been found guilty of fraud, or had investigation for any reason?	No	Yes

APPLICATION AND TUITION FEES

APPLICATION FEE	\$250	Non-Refundable Processing Fee
TUITION	\$20,000	
ADDITIONAL FEES & BOOKS	\$2,550	Please refer to the catalog &/or website
CLINICAL FEE	TBD	

* Fees are subject to change at the discretion of the College

PAYMENT PLANS

Payment Plan A	\$20,000	Due 30 days prior to the 1 st module
Payment Plan B	\$5,200	Due 30 days prior to the 1 st module
	\$5,200	Due 10 days prior to the 5 th module
	\$5,200	Due 10 days prior to the 9 th module
	\$5,200	Due 10 days prior to the 13 th module
Payment Plan C	\$4,000	Due 30 days prior to the 1 st module
	\$1,500	Monthly payment due on the 1 st of each month for 12 months

CLASS SIZE, DATES AND LENGTH OF PROGRAM

The program is 27 months with limited class sizes for an optimum learning experience. Start dates and locations are available from our registration office.

CANCELLATION AND REFUND POLICY

In the event a student must withdraw from the program, the following tuition refund schedule will be in effect to either full or partial tuition payments. Refunds made are only on amounts of pre-paid tuition that has not been used. Fees and/or charges outside tuition are non-refundable. These apply without exception.

Attendance at Module #	% of refund of tuition	Attendance at Module #	% of refund of tuition
1	90%	7	30%
2	80%	8	25%
3	70%	9	20%
4	60%	10	15%
5	50%	11	10%
6	40%	12	5%
		13 and after	No refund

Refund percentage is based on total tuition. Monies that are owed are not subject to refunds and no refund will be given beyond the amount of money paid to the college, less the above cited percentage.

APPLICATION MUST BE SIGNED AND DATED

I have read and understand the instructions and the information provided by the John Thomas College of Naturopathic Medicine application and information supplied and so hereby consent to the release of any and all information provided or otherwise obtained in the course of the application process. I certify that all of the information submitted in this application and accompanying materials is correct, complete and accurate to the best of my knowledge. I agree that this information may be used by John Thomas College of Naturopathic Medicine, its member institutions and related health organizations for the purpose of improving naturopathic medical education and admission programs.

I authorize any individuals, person, universities, organizations or applicable entity or party as I have shown in this application to release to John Thomas College of Naturopathic Medicine information, which may be used in the application process for my participation in the Naturopathic Medical Doctor program.

Applicant Signature

Date

FOR OFFICE USE ONLY

Application Received on _____

Application Complete

Signature of Admission Counselor

Application Incomplete (see highlighted area)

PLEASE DO NOT WRITE IN THIS BOX

