

# NUNM BEMA BOTANICALS-SPONSORED AOM RESIDENCY PROGRAM APPLICATION

## General Overview

The AOM Residency is designed to set a standard for post-graduate clinical training of Chinese medicine practitioners. Through intensive lineage-based training and additional clinical rotations, our residents will have a supportive atmosphere to transition from school to clinical practice while simultaneously providing a significant advancement in our field.

During the 2017-2018 academic year, up to two residents will be hired. One resident, hired at the NUNM Clinics, will work closely with clinical faculty, assist on clinical rotations, engage in some classroom teaching, and develop their marketing and leadership skills. The private clinic resident will work closely with a practitioner, seeing patients, and utilizing their leadership skills in marketing and other practice-building activities.

Each type of residency position includes (but is not limited to) the following responsibilities:

### NUNM On-site Residency Overview:

- 4-6 clinic shifts per week in a supporting role (16-24 hours of clinic)
- 2-3 shifts per week of private practice at the NUNM Health Center (8-12 hours of clinic)
- Teach an open skills development lab for students (1-2 hours per week)
- Teach one's own version of the "AOM Resident's Seminar" elective course in the spring term (2 hours per week)
- Attend and assist on the Traditional Mentorship Tutorial course series with lineage teacher (2 hours per week)
- Attend clinical faculty meetings (est. 3 hours per month)
- Attend regular meetings with AOM Residency Director (est. 2+ hours per month)
- Attend regular meetings with clinical mentor (est. 1-2 hours per month)
- Complete self-directed learning as determined in consultation with clinical mentor
- Attend continuing education offerings as determined in consultation with clinical mentor
- Attend relevant NUNM marketing events and promote the advancement of our medicine and our on-campus health center
- Other ad hoc activities and projects, as determined by supervisor

Note: the NUNM On-site Residency position is a 53-week contract.

### Private Clinic Residency Overview: (see attached clinic descriptions)

- Care of private patients and clinical observation (30 hours per week)
- Complete self-directed learning as determined in consultation with clinical mentor
- Attend continuing education as determined in consultation with clinical mentor
- Support clinician's practice through basic practice management support
- Cover practitioner's practice while they are sick or on vacation
- Market through avenues determined to be appropriate by clinical mentor
- Possibility to participate in outside clinical rotation or external clinical growth opportunity

## Applicant Eligibility

To qualify as an applicant for the 2017-2018 NUNM AOM Residency, the successful applicant shall meet the following criteria:

1. Hold a master's or doctoral level acupuncture or Oriental medicine degree from a college or university that is accredited by ACAOM.
2. Have successfully completed the NCCAOM national board examinations in the areas of biomedicine, foundations of Oriental medicine, and acupuncture with point location. Have the ability to secure a license or its equivalent to practice acupuncture from the appropriate licensing jurisdiction in the state in which you the residency you are applying for is located. Prior to beginning work, applicant must obtain a license to practice acupuncture in the state in which the residency will take place.
3. Demonstrate the ability to present the appropriate documents to verify the applicant's legal right to work in the United States. The Immigration and Control Act requires that all new hires must submit verification of their legal right to work in the US within 72 hours of beginning employment. If you are a foreign national, you must have the appropriate visa that will allow you to gain full-time employment to complete the entire term of the residency program.
4. **Applicants must pass appropriate add-on boards for the state they intend to be licensed in.** Failure to pass all board examinations, as required by each state for licensure will effectively disqualify applicants from consideration for this program and will nullify any offers made prior to receipt of examination results.
5. **Prior to beginning work** the applicant must initiate the credentialing process. For some residency sites, the applicant must obtain credentialing with certain insurance companies identified by the residency site prior to beginning work. The residency site will specify which insurance companies the resident will need to become empaneled with during the application and hiring process.

## Application Process

**This is an applicant-managed application process.** This means that applicants are responsible for collating all required elements of the application and submitting completed application packets to the respective sponsor institution by the deadline of **April 28, 2017**. **The applicant must submit one complete set of application materials to the National University of Natural Medicine College of Classical Chinese Medicine, Attn: Lauri Elizabeth, AOM Residency Director.** No applications will be received or processed **after 5 p.m.** on the deadline date, unless the posting is reopened. During all phases of the application process, it is the applicant's sole responsibility to know, understand, and comply with all deadlines and ensure that all forms, documentation, and other required elements of the application are submitted to the selection committee on time.

**All official transcripts and supporting documents must be included in the application. The selection committee will not review documents and information other than those required by the residency application checklist.** Please ensure that the persons who have agreed to be your reference read the enclosed instructions for each form. **All documents will be kept confidential and are for use solely by the selection committee. The applicant must submit transcripts and forms in sealed envelopes with an authorized signature across the envelope seal.** If the selection committee suspects that any documents or seals have been altered or tampered with in any way, the residency application may be terminated immediately and permanently.

**The application fee for 2017-2018 is \$100. Please submit your application with a check made out to National University of Natural Medicine.**

## Interviews

We expect that there will be significant demand for the residency positions offered. Following the committee review of all applications, selected applicants will be invited for a formal interview with the committee. Not all applicants will be invited for a formal interview. Applicants selected for interview will possess all of the following qualifications:

- Appropriate educational prerequisites as documented through the required official transcripts
- Eligible to obtain, or current possession of, an unrestricted license to practice acupuncture in the state in which the desired residency is located
- Personal statement and essay questions reflect a high level of personal cultivation and an ability to communicate one's vision, goals, and strengths
- High marks on reference forms from your chosen clinical supervisors/evaluators

## Instructions for writing a Personal Statement

Write a concise one page (**12 font typed, *DOUBLE-SPACED, single-sided with 1 inch margins***) personal statement, include your typed name in the upper right hand corner. In this statement, describe the following:

- a. Your reasons for applying for the NUNM AOM Residency;
- b. Your expectations from the program;
- c. Why you think your application should be strongly considered;
- d. Your future plans upon completion of the residency program.

## Instructions for answering the Essay Questions

Please answer all three essay questions. These questions are required as part of your residency application. For each essay question below, write a complete, concise, one page (**12 font typed, *DOUBLE-SPACED, single sided with 1 inch margins***) answer. Type your name in the upper right hand corner of each page.

Essay Question #1) In what areas do you feel you most need to grow and how would this position help you grow in those areas?

Essay Question #2) Describe a deficit in the program you went through which you could address if you were a resident for that program. How would you address it?

Essay Question #3) How do you see the residency contributing to your own career and to the profession at large?

## Checklist for the Application Packet

To complete the Residency Application packet, an applicant must submit the following items. We strongly encourage using this checklist to ensure that all of the necessary application components have been included.

- Personal Data form**
- Submit application form with \$100 application fee made out to NUNM**
- Résumé.** Please refer to the enclosed résumé template
- A signed Acknowledgement and Disclaimers page.**
- Official transcript from your graduating Acupuncture or Oriental Medical School. In addition, if you transferred from one AOM school to another, kindly submit official transcripts from all colleges or universities at which credits were earned toward your Master's or Doctoral degree.**  
All applicants must submit transcripts in their original sealed envelopes with an authorized signature across the envelope seal. If the selection committee suspects that a transcript has been altered or tampered with in any way, your residency application may be immediately and permanently terminated. *Note: If you are an NUNM student, you do not need to supply the NUNM Residency Department with an NUNM transcript. By signing the release below, the department will access your transcript from the registrar's office.*

- Three (3) Evaluation Forms.** In the **List of References** section of the Personal Data sheet, please write the name and information of the three (3) persons who have agreed to be your references and evaluators. Each person listed as a reference must fill out an evaluation. **For your first reference, you must have a clinical supervisor. For your second reference, you may have either a clinical supervisor or clinical faculty (someone who teaches in the clinic and but has not supervised you personally). For your third reference, you may select a clinical supervisor, clinical faculty, clinical mentor, or medical professional.**

All documents provided by your references are considered confidential and will be destroyed one year after the conclusion of the selection cycle. Each evaluation form must be submitted in a sealed envelope with the evaluator's signature across the flap of the envelope. Submitted documents that do not meet these requirements will be considered invalid.

- A complete, concise, one (1) page (12 font typed, double-spaced, single-sided with 1 inch margins) **Personal Statement** indicating your reasons for applying to the residency program. If applying to multiple sites, make sure that you address each statement according to the site to which you are applying. Please refer to the "Instructions for Writing a Personal Statement" section of this application. Type your name in the upper right-hand corner of each page.
- Essay Questions:** A complete, concise, one (1) page (12 font typed, double-spaced, single-sided with 1 inch margins) for **each** essay question addressing the situations referred to in the "Instructions for Answering the Essay Questions" section of this application. Type your name in the upper right-hand corner of each page.

## Instructions for writing your Résumé

Please write your résumé in one (1) to a maximum of three (3) single-sided pages. Use **10 font typed and single-spaced with 1 inch margins**. Other than your title page, your résumé should have your name in the upper right hand corner of each page. **Please refer to the sample enclosed. It is important that you adhere to this format.**

### Definition of Terms

#### Profile

The selection committee is interested in a short paragraph that summarizes and highlights all your special interests, skills, and strengths. Limit your description to a maximum of five (5) lines.

#### Education

1. Identify the institution from which you will receive your AOM master's or doctoral degree. Include the city, state, years attended, and expected date of graduation. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant. Please list your clinical supervisors and the focus of each shift during your AOM education. List your supervisor's name, specialty or scope of practice, and hours you attended.

2. If you are a student who transferred from one AOM school to another, identify all institutions for credits earned towards the AOM degree. Include the city, state, and years attended. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant. Please list your clinical supervisors and the focus of each shift during your AOM education. List your supervisor's name, specialty or scope of practice, and hours you attended.

3. Identify all the institutions that you received your undergraduate and graduate degree(s). Include city, state, and years attended. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the campus or research projects in which you participated.

#### Related Experience

Identify the institution(s) or program(s) wherein you were able to demonstrate your **clinical / patient care, research, teaching, or leadership skills**. Include the city, state, and years worked or attended. Provide in bullet format (up to a max for 5 lines for each position) descriptions that will highlight your role and skills in the institution or program.

#### Additional Relevant Information

When applicable, list all items in the categories of publication, scholarly work, licenses, awards, professional memberships, and languages other than English. Provide the information requested for each category.

**First Name MI Last Name**  
Current Home Address  
City, State, Zip Code  
Phone Number  
Email

## Profile

Desires a first year resident position in the ABC University AOM Residency Program. Able to be effective in a practice of any size. Draw on experience with a range of patient issues, including additional work in women's and children's care. Interested in health education for homeless. Strong desire to contribute to the success of a program through an ability to initiate and maintain relationships. Creative developer and presenter of educational information.

## Education

### **Masters of Science of Oriental Medicine, Graduating June 2004**

National College of Natural Medicine, Portland, OR 1999 – 2004

Completing an accredited program of coursework and supervised practice in Classical Chinese Medicine.

Completed Traditional Mentorship Tutorial and Fixed Rotation with Dr. Rihui Long in Classical Chinese Medicine with an emphasis on herbalism.

### Research Project

- Assisted the primary investigator in a double blind, randomized controlled trail conducted at the Helfgott Research Institute that evaluated the effectiveness of herbal supplements towards the control of diabetes mellitus in post-menopausal women. Co-authored the research report that has been submitted for publication to the Journal of Alternative Medicine.

### Clinical Rotations:

- Observation (96 hours, 2 rotations):
- Dr. Xiaoli Chen (General practice, specialties include women's health, pain management, cancer care, dermatology, and mental-emotional conditions)
- Dr. Brenda Hood (General practice, clinical influences and practices include Kiiko Matsumoto, fire needle, bleeding-cupping, palpation-based needling style)
- Clinical Mentorship Rotation (48 hours, 1 rotation):
- Gwen LoVetere (General practice, clinical influences include the Shen-Hammer pulse system and Jeffrey Yuen style acupuncture)
- Intern at NUNM clinic (unless otherwise indicated) (480 hours, 10 rotations):
- David Berkshire (General practice, Five Element acupuncture, homeopathy)
- Dr. Ed Chiu (General practice, Taiwanese and Japanese acupuncture styles, Dr. Tan balance method, and Master Tung style acupuncture)
- Dr. Loch Chandler (General practice, ND, LAc, clinical interests include Oncology)

### Preceptorships:

- David Berkshire, LAc, General Practice, 48 hours
- Paul Kalnins, ND, LAc. General Practice with emphasis on Anthroposophy, 48 hours
- John Doe, MD, Internal Medicine, on-going

## **Bachelor of Science, Zoology**

Miami University, Oxford, OH 1991 - 1995

- Participated in a community service project to increase citizen participation in a cleanup campaign.
- Served as project leader in a fund raising project sponsored by the University Student Council towards helping homeless youth return to school.

## Related Experience

National University of Natural Medicine 2000-present

**Teaching Assistant**

- Assists professor in the Acu-Moxa Anatomy classes
- Guides students during cadaver dissections
- Answers questions and demonstrates techniques, as needed

National College of Natural Medicine 2003

**Secretary, Student Council**

- Organized fundraising activities
- Maintained student council newsletter

Blue Moon Natural Clinic, Seattle, WA 1999-2001

**Assistant to the Clinic Manager**

- Assisted in the inventory of clinic dispensary and clinic supplies
- Participated as front desk receptionist as needed
- Updated information on the clinic website

Kenmore Youth Ministry, Kenmore, WA 1999-2001

**Camp Group Leader**

- Participated in community youth group activities.
- Developed activity programs now utilized by the youth ministry in helping children improve reading skills.

Franciscan Care Center Nursing Home, Seattle, WA 1998 - 1999

**Volunteer Recreation Worker**

- Provided social support to patients by reading to them, writing letters, and visiting with them.
- Formed friendships which enriched lives of patients

Morgan Mountain Sports, Oxford, OH 1995-1997

**Owner and Operator**

- Started and managed this recreation business which served enthusiasts and tourists in State park.
- Created radio promotions, flyers and interesting events which increased participation in mountain biking

**Additional Relevant Information**

When applicable, list items under the following categories:

A. **Publications:** Name of author(s), article title, name of scholarly journal (underlined), volume number, issue number, year of publication (in parentheses), and page number.

**Unpublished dissertation, thesis, or research work:** Name of author(s), title of unpublished dissertation or thesis in quotes (“title”), label Diss. or MA thesis, name of university, and year

B. **Professional Conferences (Attended):** Topic, speaker, date, time, venue, and sponsoring organization

C. **Professional Conferences (Presented):** Topic, date, time, venue, and sponsoring organization

D. **Professional licenses:** Credential/License type, license number, status, year initially issued, year expires

E. **Awards:** Name of award, issuing institution, year awarded

F. **Professional memberships:** Name of association, year membership started, status

G. **List language(s) other than English and rate your proficiency:** Level of verbal proficiency, reading proficiency, and writing proficiency (Use a 5-point scale wherein “1” indicates the highest level of proficiency and “5” indicates the least.)

## PERSONAL DATA

I will complete (or have completed) my AOM degree (e.g. MSOM, DSOM, etc.): \_\_\_\_\_

Month and Year \_\_\_\_\_ My degree is (will be) from: \_\_\_\_\_

I am applying for:

- NUNM On-site AOM Residency
- Private Clinic Residency:  
GroundSpring Healing Center: Gonzo and Joanna Flores, LAc
- Both of the above sites

My preference is for:

- NUNM On-site AOM Residency
- Private Clinic Residency  
GroundSpring Healing Center: Gonzo and Joanna Flores, LAc
- No preference

**Note: it's possible that additional sites will agree to host a resident after we post this application online. Please check the NUNM AOM Residency website to see if any additional private clinics have agreed to host a resident.**

### General Data (*Please type or print legibly*)

Legal Name \_\_\_\_\_ Gender \_\_\_\_\_

Preferred Name \_\_\_\_\_ Former Last Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary E-mail \_\_\_\_\_

Secondary E-mail \_\_\_\_\_

Current Address \_\_\_\_\_ Use address until \_\_\_\_\_  
*Street Address* *Date*

\_\_\_\_\_  
*City or Town* *State* *Zip* *Country*

Permanent Address \_\_\_\_\_ Permanent Phone \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City or Town* *State* *Zip* *Country*

Best way to contact:

( ) Home Phone ( ) Cell Phone ( ) Primary Email ( ) Secondary Email

Citizenship: ( ) US ( ) US Permanent Resident ( ) Other: \_\_\_\_\_

Will your current visa status allow you to complete the entire term of residency program? ( ) Yes ( ) No

**Disclosure Statements**

*Please answer the following questions. An applicant is required to submit a written supplement to this application if the answer is “Yes” to any of the questions below. 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 questions 1 through 8.*

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? ( ) Yes ( ) No
2. Have you ever had a license/certificate, including a driver’s license, suspended or revoked by any agency? ( ) Yes ( ) No
3. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? ( ) Yes ( ) No
4. Do you have a complaint pending before any agency? ( ) Yes ( ) No
5. Have you ever been found guilty of being medically incompetent? ( ) Yes ( ) No
6. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? ( ) Yes ( ) No
7. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? ( ) Yes ( ) No

**List of References**

Please list the names of individuals whom you have chosen to complete the evaluation form of recommendation below. By listing these individuals as references/evaluators and by signing below, you hereby authorized the sponsor institution to contact your references. You must complete this section in order to be considered for any residency position.

| Type of Evaluator<br>(Please check the appropriate box)  | Name of Evaluator | Credentials | Phone Number<br>(Include area code) |
|--|-------------------|-------------|-------------------------------------|
| ( ) Clinical Supervisor  |                   |             |                                     |
| ( ) Clinical Supervisor<br>( ) Clinical Faculty  |                   |             |                                     |
| ( ) Clinical Supervisor<br>( ) Clinical Faculty<br>( ) Clinical Mentor<br>( ) Medical Professional |                   |             |                                     |

By signing below, I hereby authorize the sponsor institution to contact any and all references/evaluators I have listed above in order to solicit information regarding my education, clinical performance, previous or current performance if employed by reference, and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed by any or all listed references above, I release my employer(s) from any liability for any information provided regarding my work history by said employer.

---

**Signature** **Date**

**Academic Records Release:**

**If you are applying to a residency program you must sign this release of records.** By signing below, I hereby give my expressed permission to the sponsor institution administering the residency program and individuals designated by such to access all components of my institutional record.

---

**Signature** **Date**

**Verification Of Application Authenticity & Integrity:**

By signing below, I hereby certify that all information contained in this application is factually correct and honestly presented, and that I have read and understand all provision outlined in this application and supporting documents. I understand that any false information presented in this application or any part of the application process may result in the rejection of my application, dismissal from any position held with the sponsor institution, and revocation of any degrees, certificates etc. awarded by the sponsor institution. Furthermore, my signature is evidence of my agreement with all parts, provisions, protocol and regulations as indicated in this application and supporting documents.

---

**Signature**

**Date**

**ACKNOWLEDGEMENT AND DISCLAIMER**

**ACKNOWLEDGEMENT**

By signing below, I certify that I have gathered all the necessary information needed for my application and that I have researched the needs of the sites that I have applied to. I acknowledge that my application fee is not refundable. I acknowledge that submission of application does not guarantee that I shall be invited for an interview. I acknowledge that the interview for the residency position is at the discretion of, and by invitation from, each individual site. I acknowledge that should I accept an offered position, that this may require that I relocate to the appointing site, and that this shall be all on my expense. Furthermore, I acknowledge that by not accepting the position within in the appropriate timelines, that the program shall consider my decision as final and shall fill the position with another individual without further notice.

---

**Print Name**

**Signature**

**Date**

**DISCLAIMER**

By signing below, I am fully aware that all the current residency offerings are based on projected needs of each host site and dependent on availability of program funding at the proposed start date. I agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position

---

**Print Name**

**Signature**

**Date**

## Reference Evaluation of AOM Residency Applicant

**Applicant Name:**

**Reference Name:**

**Relation to applicant:**

| N/A            | 1  | 2                              | 3  | 4  | 5  |
|----------------|--|--------------------------------|--|--|--|
| Not Applicable | Consistently Demonstrates Significant Deficits | Inconsistent & Below Standards | Clearly Satisfactory- Meets Expectations for Level of Training | Exceeds Expectations for Level of Training | Far Exceeds Expectations for Level of Training |

| <b>PROFESSIONALISM</b>   | <b>Score</b> | <b>PROFESSIONALISM</b><br><b>Please write comments. Use reverse side if needed.</b> |
|--|--------------|---|
| Ability to think on his/her feet   |              |   |
| Professional ethics and integrity  |              |   |
| Reliability and timeliness   |              |   |
| Rapport with patients and families   |              |   |
| Handles difficult patient and/or student interactions                                      |              |   |
| Appropriate interactions with the team (faculty, students, staff)                          |              |   |
| Respects the viewpoint of the clinical faculty   |              |   |
|  |              |   |
| <b>PATIENT CARE:</b>   |              | <b>PATIENT CARE</b><br><b>Please write comments. Use reverse side if needed.</b>    |
| Sustains continuing relationships with the patient as appropriate                          |              |   |
| Demonstrates confidence and competence in practicing in the lineage of the clinical mentor |              |   |
| Previews and analyzes charts to prioritize patient care                                    |              |   |
| Has confidence in diagnostic skills  |              |   |
| Develops appropriate treatment plans   |              |   |
| Shows skills in broad range of therapeutic modalities                                      |              |   |
| Aware of limitations and seeks out assistance when needed                                  |              |   |
| Demonstrates thorough chart-keeping  |              |   |
| Time management  |              |   |

**A. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses. Use reverse side if needed.**

**B. Please add other information about this applicant that you would like us to know. Use reverse side if needed.**

**How would you rate this applicant overall? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. Please circle the appropriate number below:**

1            2            3            4            5            6            7            8            9            10