



University Headquarters
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Scan QR Code to Apply
& Submit Online

For internal use ONLY: Academic Year _____ Full-Time Part-Time Student-At-Large

APPLICATION FOR ENROLLMENT

APPLICANT INFORMATION

NAME:			
SALUTATION:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	MARITAL STATUS:	<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W
DATE OF BIRTH:	GENDER:	<input type="checkbox"/> M <input type="checkbox"/> F	VETERAN: <input type="checkbox"/> Y <input type="checkbox"/> N
Ethnic Background: <i>(please check all that apply)</i>			
<input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Citizenship:			
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Type of Visa _____ <i>(if applicable)</i>			
Email Address:			
Home Phone:	Cell Phone:		
Permanent Address:	<input type="checkbox"/> Mailing is same as permanent address		
Mailing Address: (if different from permanent)	<input type="checkbox"/> Same as permanent address		

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1 NAME:		
EMERGENCY CONTACT 1 PHONE NUMBER:		
EMERGENCY CONTACT 1 EMAIL ADDRESS:		
EMERGENCY CONTACT 2 NAME:		
EMERGENCY CONTACT 2 PHONE NUMBER:		
EMERGENCY CONTACT 2 EMAIL ADDRESS:		

Military Service:
<input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Branch of Service _____ <i>(if applicable)</i>
Have you ever been charged with a violation of the law which resulted in, or if still pending could result in, probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please attach additional sheet(s) to explain each charge and conviction fully</i>

PROPOSED TERM/ TYPE OF ENROLLMENT

ACADEMIC YEAR: <input type="checkbox"/> 202_____
TERM: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER
ENROLLMENT TYPE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME-LARGE <input type="checkbox"/> STUDENT-AT-LARGE (at your own pace) <i>*note special terms for student-at-large</i>
How did you hear about us? <input type="checkbox"/> WEBSITE <input type="checkbox"/> FACEBOOK/IG <input type="checkbox"/> LINKEDIN <input type="checkbox"/> YOUTUBE <input type="checkbox"/> OTHER _____

ACADEMIC PROGRAM OF INTEREST:
<input type="checkbox"/> DOCTOR OF NAPRAPATHY (DN) <input type="checkbox"/> PRE-NAPRAPATHY <input type="checkbox"/> NAPRAPATHIC ASSISTANT <input type="checkbox"/> MASSAGE THERAPY <input type="checkbox"/> MVP CERTIFICATION <input type="checkbox"/> ADVANCED DEGREE DN CANDIDATE (Applicant with Masters or Doctorate already) <input type="checkbox"/> DN BRIDGE PROGRAM CANDIDATE (has DN Degree from another institution). <input type="checkbox"/> ATHLETIC TRAINER (program starts in 2024-25)
Have you previously applied to NCNM University? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the year _____

EDUCATION HISTORY

List all secondary and post-secondary institutions attended, in chronological order, beginning with the most recent attended. Please ensure that for each institution listed, an official transcript is forwarded directly to the University. *(may use additional sheet if needed)*

Name of Institution(s)	Dates Attended		Area of Study	Types of Certification Received (Certificates, Diploma, Degree)
	From	To		

EMPLOYMENT HISTORY

You may provide additional information which you feel might be relevant to the admissions process. This could include your resume, record of community service and leadership, personal achievements, academic distinctions, and /or a brief letter outlining your reasons for choosing this program.

Employment:	
<input type="checkbox"/> Employed Name of Employer _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed	
EMPLOYER NAME	
WORK PHONE:	
WORK FAX	
WORK EMAIL	
TYPE OF WORK	

Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution? Yes No

If yes, please attach additional sheet(s) to explain each charge and / or disciplinary action, if applicable

ADDITIONAL LICENSING

Do you have other professional licenses? Yes No Have you ever been disciplined on any professional licenses? Yes No

Other License Name	License Number	State Issued	License Disciplined
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			If "Yes", please explain
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			If "Yes", please explain

May use additional sheet if needed for additional licensing information or if more space is needed for explanations

APPLICATION CHECKLIST

Please note that your application cannot be processed without the application fee and all accompanying documents. When submitting your application please ensure that:

- The entire application form is completed, signed and dated.
- A copy of a government issued photo ID is included.
- All official transcripts are sent to NCNM University from institutions listed on application.
- Include 2 letters of recommendation: 1 Professional source and 1 Personal source
- Enclose the \$100 non-refundable application fee.

Please make cashier check or money order payable to NCNM UNIVERSITY.

A Smoke-Free Policy has been established for the University Premises

NCNM University does not discriminate on the basis of race, religion, creed, sex, age, marital status, disability, national origin or sexual orientation in its educational programs, activities or employment practices.

ACKNOWLEDGEMENT

"I hereby acknowledge that I have been informed of and understand that Naprapathic treatments, Massage therapy and other physical or athletic training primarily involves using the hands in physical, skin to skin contact with the patient for manual manipulation of the connective tissues (muscles, ligaments, etc.) and other tissues of the human body. I further understand that the practice of Naprapathic Medicine (including all other physical medicine curriculums offered at NCNM University) can require the application of significant manual pressure on the body of the patient, and that Naprapathic practice can also require the careful observation of the movements of a patient. I hereby consent to such physical contact to my body by others, and I hereby consent to making such physical contact with others to the extent such procedures are a scheduled part of the Naprapathic Curriculum and affiliated studies of NCNM University."

DECLARATION

I hereby apply for admission to NCNM UNIVERSITY. I understand the application fee covers the cost of processing the application and is not refundable. I hereby affirm and declare that all statements contained in this application for admission are true, correct and complete and that I have not misrepresented or withheld any fact that would, if fully and accurately disclosed affect my application unfavorably. I understand that false statements, misrepresentations, and / or omissions on this application may be considered sufficient cause for rejection of this application, or, if successfully admitted, suspension or expulsion from NCNM University upon discovery of any such false statement.