



CNHS-BDA
COLLEGE OF NATURAL HEALTH SCIENCES-BERMUDA

PROGRAM APPLICATION
College of Natural Health Sciences-Bermuda
P.O. Box SN799
Southampton
SNBX, Bermuda
(441) 777-0589
Admissions:
Email: admin@collegensbda.com

PROGRAM CHOICE

School Year Enrollment Sept 2021 Sept 2022

Master of Science in Osteopathy
Master of Science in Natural Health Therapies

STUDENT INFORMATION

| | | | |
|---------------------------|-----------|------------|-------------|
| Mr. Ms. Mrs. Dr. | Last Name | First Name | Middle Name |
|---------------------------|-----------|------------|-------------|

PERMANENT ADDRESS

It is the responsibility of the applicant to provide accurate information.

| | | | | | | | | |
|-------------|------------------|-------------|-----------|------------------|--|------|-----------|-----|
| Apt. No | Street No. | Street Name | | City | | | | |
| State/Prov. | PC/ZIP | Country | | Email | | | | |
| Area Code | Telephone (Home) | | Area Code | Telephone (Work) | | Ext. | Area Code | Fax |

MAILING ADDRESS

Same as Permanent address? Please fill out below if different from permanent address.

| | | | | | | |
|-------------|------------|-------------|--|------|--|--|
| Apt. No | Street No. | Street Name | | City | | |
| State/Prov. | PC/ZIP | Country | | | | |

PERSONAL INFORMATION

Sex: Male Female Date of Birth: DD MM YYYY

Emergency Contact: _____
Name Telephone Relationship

EDUCATIONAL INFORMATION

List all secondary and post-secondary institutions attended, in chronological order, beginning with the most recently attended. Please ensure that for each institution listed, an official transcript is forwarded directly to the College of Natural Health Sciences-Bermuda.

| Names of Institutions | Date/s Attended | | Area of Study | Types of Certification Received (Certificates, Diploma, Degree) |
|-----------------------|-----------------|----|---------------|--|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY

| Name of Company | Period of Employment | | Position | Contact Person | Telephone |
|-----------------|----------------------|----|----------|----------------|-----------|
| | From | To | | | |
| | | | | | |
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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. **PLEASE NOTE that applications from mature students are also welcomed.**

APPLICATION CHECKLIST

Please note that your application will be processed upon confirmation that the application fee has been paid through PayPal via the email notification. When submitting your application please ensure that the following documents are included:

- | | |
|---|--|
| <ul style="list-style-type: none"> ○ A Completed Application Form Signed & Dated ○ All Official transcripts are attached ○ Two Letters of Recommendation ○ A Personal Statement of Program Interest ○ A Copy of a Government-Issued Photo ID | <ul style="list-style-type: none"> ○ Two (2) Passport-Sized Photos Are Included ○ The Non-Refundable \$25.00 Application Fee (Paid Via PayPal Email) ○ A Physician's Good Health Certificate Regarding the Applicant |
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DISCLOSURE

CNHS-BDA is an equal opportunity institution. It is the policy of CNHS-BDA to inform all would be applicants that the following circumstances render such persons ineligible to enroll:

- Any person who has been convicted of crimes of a sexual nature, domestic violence, armed robbery, child abuse/neglect, elder abuse/neglect, assault, assault with a deadly weapon, possession of firearms or bladed weapons, and/or manslaughter/murder
- Any person who has been suspended, disciplined, or fired from a place of employment due to child/elder abuse or neglect, sexual harassment, or sexual misconduct
- Any person who has within the last 12 months been arrested and/or formerly charged with any of the above offenses
- Any person who has been deemed to be ineligible to obtain malpractice / professional indemnity insurance in order to register with the professional organizations and/or to obtain the required license or future license(s) for practice.

DECLARATION

I hereby apply for admission to the College of Natural Health Sciences- Bermuda (CNHS-BDA). I understand that 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 the College of Natural Health Sciences- Bermuda (CNHS-BDA) upon discovery of any such false statement.

Signature of Applicant

Date