

Professional Herbalism Program: Year 2 Application 2020-2021

Name: _____

Nickname(s): _____ Preferred Pronoun (he/she/they): _____ DOB: _____

Address: _____

Phone: (home) _____ (cell) _____ (other) _____

Email: _____ Preferred method for contact: _____

Current occupation: _____

How did you learn about this program? _____

Have you attended an Open House? _____

Are you interested in pursuing the Year 3 program as well? _____

Please answer the following questions. Use a separate sheet of paper if you need more room. Please limit responses to no more than half a page:

1) Briefly outline your previous herbal training, including teachers, apprenticeships, schools, (with URL and/or contact info), method of study and length of study to date. Also please briefly describe any other medical or other health care training. **Note:** *Later in the application you will have the opportunity to outline topics and focus of study.*

The 2nd year course includes approximately 367 hours of instruction in Herbalism: Applied Body Systems & Herbal Therapeutics, Holistic Assessment & Energetics, Eastern Traditions, Materia Medica, Herbal Apothecary: Advanced Studies in Gathering, Preparation and Use, Nutritional Therapeutics, Plant Identification, Botany, Clinical and Professional Skills & Ethics, the Law and Herbal Medicine, Specializations and more.

2) What would you like to learn in the 2nd year program? Are there any particular interests you have?

The second year program classes will be held one full day per week (9am-5pm), plus one weekend (Saturday and Sunday, 9am-5pm both days) per month from September through May. Specific dates will be listed on the ArborVitae website. Some of these classes include field trips in and around the city. Additionally there will be optional study and Q&A sessions and special evening classes offered as well. Students will also be expected to complete readings, assignments, and projects outside of class, which may require several hours per week. In order to satisfactorily complete the course and receive a certificate, students are expected to attend classes and to complete all assignments.

***Note:** Students may miss 15% of classes and still be eligible to receive certification. Additional class absences for unforeseen circumstances may be able to be made up. All homework must be completed in order to receive the certificate.*

3) Are there any reasons why you might not be able to commit to attending class regularly or completing assignments?

4) If you are not able to commit to the 'full-time' program outlined above and seek to attend part-time, please indicate when you are able to attend classes (weekends or weekdays).

***Note:** Preference will be given to full-time students and we do not have a particular part-time program, but we will explore the possibility of part-time programs for particular student needs.*

Please attach separate sheets with the following items (these additional 3 items are *required* parts of the application):

- A formal or informal copy of your resume. Please let us know about your education and work experience. Include anything you feel is relevant, paid and unpaid work, care for family, friends, etc...

- 1-2 page (maximum) responses to the following questions:
 - Please let us know about your interest in herbal medicine. Describe what herbalism means to you.
 - What would you like to gain from taking the 2nd (and 3rd) Year course? How do you see yourself using your herbal knowledge in the future?

- The foundational year course included approximately 367 hours of instruction in basic herbalism, holistic anatomy and physiology, body systems, materia medica, energetics of TCM, Ayurveda, and tissue state model, botany and plant identification, medicine making, traditional nutrition and more. Please include an outline of your own herbal education and knowledge related to the topics covered in the foundational year program by filling out the ArborVitae Credit Submission Form and/or by writing out a detailed explanation of your herbal education to date.

Email your application (this form), plus your resume, answers to the above 2 questions, and Credit Submission Form to ask@arborvitaeny.com. Any questions about the application or process may be directed to that email address as well. We prefer electronic applications, but we do accept paper applications mailed to P.O Box 562 New York, NY 10113. Please also email us to notify us if you mail your application.

I agree that all information provided here is truthful.

Signature

Date