



california center for homeopathic education  
*Excellence in Homeopathy Training*

P.O. Box 863 Escondido, CA 92033  
(760) 466-7581  
(866) 591-7430 - FAX  
[cchomeopathic@aol.com](mailto:cchomeopathic@aol.com)

**APPLICATION FOR ADMISSION to the Class of 2013 Vital Sensation Training Program**

Please provide the following:

- A 1-2 page typed letter about why you are interested in attending this program.
- A curriculum vitae or a resume with your application.
- Information on your post-secondary education and previous homeopathic and/or health-care related education (No previous education is required; we only want to know what your background is to help us structure the class appropriately)
- Two letters of recommendation (professional, personal or academic) mailed directly to us by your references.
- A photo of yourself.
- Interview (We will schedule with you after all other materials have been received)
- \$100 Application Fee (payable to the CCHE).

Return this application and related materials to:

Dr. Cheryl Feng, CCHE, PO Box 863, Escondido, CA 92033 or scan and e-mail as a pdf attachment to [cchomeopathic@aol.com](mailto:cchomeopathic@aol.com).

Once the application process is complete, we will contact you to schedule an interview. After the interview process, you will hear back from us within 2 weeks on your acceptance status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

How did you hear about the California Center for Homeopathic Education?

\_\_\_\_\_

Have you ever been convicted of, pled guilty or no contest to, or forfeited bail for any criminal conduct (misdemeanor or felony) under law or ordinance, excluding only minor traffic violations? (if yes, please attach a full explanation) \_\_\_\_\_

Have you ever been licensed as a health care provider (if so, attach a copy of your license? Yes No If you are a health care provider, has your health care license ever been suspended or revoked? (if so, please attach an explanation) Yes No

I attest and affirm that all information submitted in this application is true and accurate. I understand that any misrepresentation or falsification, is sufficient cause for denial of admission and cancellation of enrollment. This information may be reproduced for use during my interview.

\_\_\_\_\_  
Signature Date

If you have any questions, please contact Cheryl Feng at (760) 466-7581 or email [CCHomeopathic@aol.com](mailto:CCHomeopathic@aol.com).

Thank you for your interest. We look forward to meeting you.