



# 2023-2025 ICIM TCM Residency Application

## Contact Information:

Name (Last, First, Middle)	
Street Address City ST ZIP Code	
Best Phone Number/type	<b>License Type:</b> <b>State/ Country</b> <b>#:</b> <b>Year Obtained:</b> <b>Expiration Date:</b>
Current E-Mail Address	

## Program of Enrollment, *select one:*

**TCM Internship:** Year 1 of the two-year residency program requirements  
 (LICENSED ACUPUNCTURIST AND 1 YEAR EXPERIENCE REQUIRED)  
 - Exposure to various medical specialty rotations within a hospital setting.  
 - Medical research participation and education: possible publications, posters, abstracts if completed.  
 - Professional practice: may include pulse diagnose, acupressure, Tui Na, physical exam.  
 - Clinical practice, if licensed and with Integrative Medicine Faculty approval.

**TCM Residency .:** Year 2 of the two-year residency program requirements  
 (LICENSED ACUPUNCTURIST AND 1 YEAR EXPERIENCE REQUIRED)  
 - Medical Research participation and Education: possible publications, posters, abstracts if completed.  
 - Full hospital clinical practice and preparation experience with Integrative Medicine Faculty.  
 - Publication requirement: Authorship on a Paper, Poster, Abstract, or Hospital policy/protocol updates.  
 - Research Lead (ie: Research project coordinator)

## Required Supporting Documents: *(COMPLETE Applications must be received by deadline date.)*

1. Current CV / Resume    2. Personal Letter of Interest to Program    3. Two Peer Reference Letters  
 \*\*\* All students **MUST** clear Sutter's Health Screening Requirements and obtain ID badge **prior** to Orientation Day:  
 1) Refer to attachment Health Screening Requirements for further information;  
 2) Additional requirements applicable during flu season;  
 3) Onboarding requirements  
 4) BLS certification by American Heart Association required for all program.

## Previous Clinical Experience

Summarize your previous hospital/clinical training or practice experience.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if accepted as a **Sutter Bay Hospitals/ICIM** Integrative Medicine student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)		
Signature		Date

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the Integrative Medicine TCM Residency Program at Sutter Bay Hospitals. (11/11/2022)