Ayurvedic Doctor Program Application

# Students & Alumni

## Welcome!

Thank you for your interest in the Ayurvedic Doctor (AD) program. We are honored you have chosen Kerala Ayurveda Academy for completing your advanced studies.

## Instructions

Please read all instructions prior to completing the application and enter all fields of this application for our Admissions Department.

* This application is for graduates of Kerala Ayurveda Academy’s level II Ayurvedic Wellness Practitioner (AWP) program. If you have not completed our AWP program, you will need our General Public application, which is a different form. To request one, contact Admissions at the number or email below.
* As a graduate of Kerala Ayurveda Academy’s level II Ayurvedic Wellness Practitioner program, you are not required to submit level I or level II program documentation.
* This application asks your completion status of the Anatomy & Physiology corequisite. It is not required to join the program, though must be completed for certification. If you have already submitted this information to us, you do not need to resubmit.
* If you have any questions or need assistance, please contact Admissions at +1 (888) 275-9103 x10 or admissions@keralaayurveda.us.

### How to submit this form

Email the completed form to [admissions@keralaayurveda.us](mailto:admissions@keralaayurveda.us) with your required documentation.

# Application

### Personal Details

**First Name**:

**Last Name**:

**Address**:

**City**:

**State (U.S.)**:

**Province (Outside U.S.)**:

**Country**:

**Zip**:

**Phone**:

**Email**:

**Website**:

### Corequisite

#### Anatomy & Physiology

Anatomy & Physiology is not required to join the program, though it is a corequisite required for certification.

**Have you completed the A&P corequisite?**

**If yes, have you already submitted A&P documentation?**

***If you have completed the A&P corequisite and not previously submitted documentation****, please attach your certificate of completion or transcript along with this application submission.*

### Experience and Training

#### Ayurvedic

**List and describe any relevant professional Ayurvedic experience:**

**List and describe additional Ayurvedic workshops or training you have taken with other institutions:**

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#### General

**List and describe any relevant training and certifications in other areas of study:**

**What’s your highest level of education?**

*High school diploma or equivalent*

*Some college, no degree*

*Postsecondary non-degree award*

*Associate’s degree*

*Bachelor’s degree*

*Master’s degree*

*Doctoral or professional degree*

### Professional Community

#### U.S. Residents

*International residents may skip this section.*

**Are you a NAMA member**?

**If you are a NAMA member, what’s your membership level**?

*AHC Ayurvedic Health Counselor*

*AP Ayurvedic Practitioner*

*AYT Ayurvedic Yoga Therapist*

*AD Ayurvedic Doctor*

#### International Residents

*U.S. residents may skip this section.*

**Are you a member of a national Ayurvedic organization**?

**If yes, please describe**:

### Academic Goals

#### Essay Questions

*Please answer the following in 500-750 words.*

**What brought you to Ayurveda**?

**How do you envision your future with Ayurveda**?

#### 

#### Specialty and Eligibility

**Do you have a preferred clinical specialty**?

1. Kayachikitsa: Ayurvedic General Medicine
2. Manasaroga: Ayurvedic Psychiatry
3. Streeroga and Prasooti Tantra: Women’s Health
4. Digestive and Metabolic Disorders
5. Undecided

**Please describe your current commitments, and approximately how much time you can dedicate to your AD studies**:

**Are you legally allowed to visit India**?

**If you are not legally allowed to visit India, please explain**:

### References

Please list at least two references and contact information that we may contact

**Reference 1**

Full Name:

Phone:

Email:

**Reference 2**

Full Name:

Phone:

Email:

### Submission

Please double check your entries on this form to ensure all fields are complete.

#### Checklist

1. Reviewed AD prerequisites and affirm I am qualified to enroll in this program, as I have completed the Ayurvedic Wellness Practitioner (AWP) program
2. Completed all fields of this application
3. Completed all fields associated with my location, U.S. our International (outside U.S.)

#### Please initial to confirm your agreement to the terms of this application

*I confirm that all experience and skills shared in this application are accurate to my identity and capabilities. I apply with full intention of enrolling in the Ayurvedic Doctor program. I understand that if elements of this application are incomplete, it will slow down the application processing time.*

**Your initials:**

**Date:**

# What to expect after submission

**Step 1:** Processing - we will first verify your application is complete. If anything additional is needed, we will notify you. Please note that incomplete applications will not be reviewed and slow down the application process.

**Step 2:** Review Process - once the application is confirmed complete, please allow 2-4 weeks for our Admissions team to review your application and schedule your interview.

**If you have any questions about the program or application status *after your application has been received and confirmed complete*, please contact admin@keralaayurveda.us.**