

DULA Institutional Examination Registration Form

Submit this form to Academic Coordinator (ac-kor@dula.edu) to process your MCE / CGE exam application (Contact Academic Coordinator first before you initiate the payment)

*Please use one form per exam

Name: _____		Student ID #: _____
Applying for:	<input type="checkbox"/> Initial MCE (Mid-Curriculum) – Written <input type="checkbox"/> Re-take MCE (Mid-Curriculum) – Written <input type="checkbox"/> Initial MCE (Mid-Curriculum) – Practical <input type="checkbox"/> Re-take MCE (Mid-Curriculum) – Practical <input type="checkbox"/> Initial CGE (Graduation Exam) <input type="checkbox"/> Re-take CGE	Student (Intern) Signature: _____ Date: _____
Present Level (Clinic)	<input type="checkbox"/> Level I Observation <input type="checkbox"/> Level II <input type="checkbox"/> Level III	Exam Language : <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Chinese

INITIAL MID-CURRICULUM (MCE) REQUIREMENTS*		For Office Use Only
<input type="checkbox"/> Completed Units (Class): over 100	<input type="checkbox"/> HB110 Intro. To Botany & Herbs	OMC Director Signature: _____ Date: _____ <input type="checkbox"/> <u>MCE FEE PAID: \$50</u> Office Manager Signature: _____ Date: _____
<input type="checkbox"/> Completed Level I Observation hours: 200	<input type="checkbox"/> HB211, 212, 213, 214 Herbs: Category 1,2,3,4	
<input type="checkbox"/> OM121, 211 Basic Theory of OM 1,2	<input type="checkbox"/> AC111,112 Acupuncture Anatomy 1,2	
<input type="checkbox"/> OM221, 311, 312 OM Diagnosis 1,2,3	<input type="checkbox"/> AC211 Meridian Theory	
<input type="checkbox"/> WM110 WM Terminology	<input type="checkbox"/> AC311, 312 Acupuncture Physiology 1,2	
<input type="checkbox"/> BS211, 212, 213, 214 Anatomy & Physiology 1,2,3,4	<input type="checkbox"/> AC321 or AC322 At least one of Acupuncture Techniques 1 or 2	
<input type="checkbox"/> BS311 / 312 / 313 At least one of WM Pathology 1,2,3	<input type="checkbox"/> TB211 Tui-Na	

RE-TAKE MID-CURRICULUM EXAM (MCE) REQUIREMENTS*		
<input type="checkbox"/> Fail on previous MCE Written <input type="checkbox"/> Fail on previous MCE Practical Last MCE Date : ___ / ___ / ___	<input type="checkbox"/> MCE Fee Paid US\$ 50 Office Manager Signature: _____	<u>Approved by:</u> OMC Director: _____ Signature: _____ Date: _____

INITIAL COMPREHENSIVE GRADUATION EXAM (CGE) REQUIREMENTS*		For Office Use Only
<input type="checkbox"/> Completed Units (Class): over 150 units	<input type="checkbox"/> HB110 Intro. To Botany & Herbs	Associate Dean Signature: _____ Date: _____ <input type="checkbox"/> CGE FEE PAID: \$100 Office Manager Signature: _____ Date: _____
<input type="checkbox"/> Completed Internship hours: 520 hours	<input type="checkbox"/> HB211, 212, 213, 214 Herbs: Category 1,2,3,4	
<input type="checkbox"/> OM121, 211 Basic Theory of OM 1,2	<input type="checkbox"/> HB 311 / 312 / 313 / 314 At least two of Herbal Formulas	
<input type="checkbox"/> OM221, 311, 312 OM Diagnosis 1,2,3	<input type="checkbox"/> AC211 Meridian Theory	
<input type="checkbox"/> OM 411 / 412 / 413 / 414 At least one of OM Internal Medicine 1/2/3/4	<input type="checkbox"/> AC311, 312 Acupuncture Physiology 1,2	
<input type="checkbox"/> BS211, 212, 213, 214 Anatomy & Physiology 1,2,3,4	<input type="checkbox"/> AC111,112 Acupuncture Anatomy 1,2	
<input type="checkbox"/> BS311, 312, 313 WM Pathology 1,2,3	<input type="checkbox"/> AC321, 322 Acupuncture Techniques 1,2	
<input type="checkbox"/> WM110 WM Terminology	<input type="checkbox"/> AC411 / 412 At least one of Acupuncture Therapeutics 1 or 2	
<input type="checkbox"/> WM224 Physical Exam in WM	<input type="checkbox"/> TB211 Tui-Na	
<input type="checkbox"/> WM311 / 312 / 313 At least one of Western Medicine 1/2/3	<input type="checkbox"/> CM101, 102, 103 Case Management 1,2,3	

RE-TAKE COMPREHENSIVE GRADUATION EXAM (CGE) REQUIREMENTS*		
<input type="checkbox"/> Fail on previous CGE Last CGE Date : ___ / ___ / ___	<input type="checkbox"/> CGE Fee Paid US\$ 100 <input type="checkbox"/> CGE Fee Paid US\$ 350 (Special Retake CGE) Office Manager Signature: _____	Approved by: Associate Dean: _____ Signature: _____ Date: _____