



Northwestern Health Sciences University

CERTIFICATION OF REQUIRED POLICIES

I, _____, certify that:
Student Full Name

- I meet the Program Technical Standards and Qualifications of the program in which I am enrolled, as stated in the Northwestern Health Sciences University Catalog, with or without reasonable accommodations*:

Acupuncture and Chinese Medicine

<https://www.nwhealth.edu/admissions/requirements/qualifications-acupuncture-oriental-medicine/>

Chiropractic

<https://www.nwhealth.edu/admissions/requirements/qualifications-chiropractic/>

Massage Therapy

<https://www.nwhealth.edu/admissions/requirements/qualifications-massage-therapy/>

Undergraduate or Post-Baccalaureate and Pre-Health

<https://www.nwhealth.edu/admissions/requirements/qualifications-undergraduate-studies/>

* Please note that all requests for accommodations must be made in a timely manner, as stated in the "Accommodations for Students with Disabilities Policy" found in Section 2.2 of the Student Handbook.

- I have read and understand the University's Drug Free Campus Policy:
<https://www.nwhealth.edu/student-affairs/drug-free-policy/>
- I understand that I am subject to the University's Student Handbook:
<https://www.nwhealth.edu/student-affairs/student-handbook/>

Signature: _____

Name: _____

Date: _____