



# Kneaded Energy School of Massage Application

Professional Massage Therapy Diploma Program (750 hrs)

Last Name		First Name		Middle	Last 4 digits of Social Security Number	
Address				City, State, Zip		
Email Address				Cell Phone		
Sex	Perferred Pronoun	Preferred Name			Date of Birth	
Education College/High School		Address		Dates Attended	Graduation	Degree

Have you ever received a professional massage from a licensed professional?	<b>Y or N</b>	Do you have any Massage Therapy related experience?	<b>Y or N</b>
If you have related experience, please explain _____			
Are you proficient with the English Language; reading, writing and conversationally speaking?			
<b>Y or N</b>			

Are you a US Citizen?	<b>Y OR N</b>	If Yes, please attach a copy of your driver's license or state issued ID
		If no, please attach a copy of your alien registration, work permit or green card

List 3 personal references in your life who will submit a letter of recommendation on your behalf. <b>Have them email letters to school@kneadedenergy.com</b>			
These letters of recommendation should describe your relationship, your work ethic and your integrity.			
Full Name	Complete Mailing Address	Phone	Yrs known

Have you been treated for any medical/physical/mental or psychological conditions.			Y or NO
Check any conditions that apply to you:			
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Muscular Pathology	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Neurological Issues	
<input type="checkbox"/> Allergy to Nuts	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Plantar Warts	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Pregnancy	
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hip Replacement	<input type="checkbox"/> Skeletal Dysfunction	
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Implants	<input type="checkbox"/> Skin Issues	
<input type="checkbox"/> Circulatory Issues	<input type="checkbox"/> Lymphodema	<input type="checkbox"/> Other, explain _____	
<input type="checkbox"/> Constipation	<input type="checkbox"/> Migraines	_____	
Medications for EMS purposes _____			
Explain any limitations to study or perform massage: _____			

North Carolina has a mandatory practice act, which means you cannot practice as a Massage Therapist in this state without a license.

To become eligible for the NC license, the following must be completed:

<ul style="list-style-type: none"> <li>Demonstrates proficiency in the English language</li> <li>Successful completion of a state approved Massage Therapy program</li> <li>Fingerprint and consent to SBI and FBI background check</li> <li>Successful completion of the NC License Application</li> </ul>	<ul style="list-style-type: none"> <li>Obtained HS diploma or equivalent</li> <li>Is 18 years of age</li> <li>Successful pass of the MBLEx test</li> <li>4 Moral Character References</li> </ul>
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Have you ever been convicted of a misdemeanor, a felony or been arrested for any assault or sexual offenses?

**Y or N**

Have you been treated for substance abuse in the last 5 years?

**Y or N**

Have you been charged, arrested or convicted for a violation of any law other than minor traffic offences?

**Y or N**

If you answered yes to any of the above questions, please explain \_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_