



ENROLLMENT APPLICATION

Personal Information

Name: _____ Gender: _____ Date of Birth: _____
Birth City/State: _____ Social Security #: _____
Mailing Address: _____
Phone Number: _____ Alternate Number: _____
E-Mail Address: _____
Emergency Contact: _____ Relationship: _____ Phone: _____
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Education

(Arkansas requires only a high school diploma or GED for admission into massage school.)

High School: _____ Graduation Year: _____
College: _____ Major: _____
Highest Degree Attained: _____ Graduation Year: _____
Technical School: _____ Graduation Year: _____
List any licenses currently held: _____

Employment

(if applicable)

Current Employer: _____ Employment Dates: _____ to _____
Employer Address: _____ Employer Phone Number: _____

Disabilities

Do you require any accommodations due to a disability? _____ If yes, explain _____

NEA SCHOOL OF MASSAGE

Background

(Incoming therapists will be required to pass both a state and federal background check before licensure.)

Have you ever been convicted or plead guilty to a crime? _____ Date of Conviction: _____
You may need to be preapproved by the ARDOH before applying for our program please explain below your conviction and then provide a copy of the records on file. _____

References

List three references who can attest to your character and abilities.
(Two personal and one professional reference)

Name: _____ Phone Number: _____ Relation: _____

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Required Documentation

- High School Diploma, GED, or College Transcript
- Copy of your Driver’s License
- Copy of your Social Security card
- Physical from your physician stating you are in good physical health.
- \$500 Deposit due at acceptance into the program and applied toward tuition to cover cost of textbooks, insurance and MBLEX prep exams.

Why do you want to become a massage therapist?

How did you hear about our school? _____

By signing below, I certify the information given in the Application is true, correct, and complete to the best of my knowledge. I authorize NEA School of Massage to contact any of the aforementioned parties for information regarding the history of my character. I understand that all information will be held in confidence by NEA School of Massage.

Print Name	Applicant’s Signature	Date
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