ASM APPLICATION

Arizona School of Myotherapy
777 West 27th Street
Yuma, AZ 85364
(928) 276-4605
info@arizonaschoolofmyotherapy.com

Please complete this application and return it via person or email:
- $150.00 Application fee, needs to be paid upon turning in application
- Copy of high school diploma or GED equivalent or College Transcript
- State ID or Government Issue ID

Date:_____

Last Name_____First Name_____Middle Name_____
Mailing Address_____City_____State_____Zip Code_____
Telephone_____Birthdate_____Email Address_____

Preferred Session *Spring* *Summer* *Fall*
(circle one)

In case of Emergency
Name_____Relationship_____
Mailing Address_____City_____State_____Zip Code_____
Telephone_____

Education
Name of High shcool_____Address_____Degree_____
Name of College_____Address_____Degree_____
Name of Technical or Vocational_____Address_____Degree_____

Any Pervious Massage Therapy Training
_____

Have you ever been convicted of a Felony, if so explain? YES / NO
_____
_____

Any medical communicable diseases in the last 2 years, if so explain? YES / NO
_____
_____

Last Revised 8/29/23

Any mental or physical condition that the staff will need to know that may be helpful to your success?

_____

_____

Please list two references (Other than family)

Name:_____ Name_____

Adress_____ Address_____

City, State, ZIP_____ City, State, Zip_____

Telephone_____Telephone_____

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read Arizona School of Myotherapy policies as stated on our online pages.

Applicant Signature_____ Date_____

Signature of Parent of Garden (underage Applicant)_____Date_____

(Below this line is for School Admin Only)

Date Application Received:_____Application Reviewed by:_____

Any comments regarding Application or missing information:

_____

_____

_____

Applicant: **APPROVED / DENIED**

Reason Applicante Denied:

_____

_____

_____

(Last Revised 11/3/25)