



Massage Therapy Program Admission Application

I. Applicant Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

II. Educational Background

High School Diploma or GED Equivalent? Yes No

Name of High School/City: _____

Post-Secondary Education (College/Vocational):

School Name: _____ Degree/Units: _____

School Name: _____ Degree/Units: _____

III. Personal Statement & Intent

Please provide brief answers to the following (attach a separate sheet if necessary):

1. What inspired you to pursue a career in massage therapy?
2. What are your professional goals after graduation? (e.g., private practice, spa, clinical setting, etc.)
3. Massage therapy is a physically demanding profession. Are you able to perform the physical tasks required for clinical training?
 Yes No

IV. Professional & Character References

Please list two non-family references who can speak to your work ethic or character.

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

V. Background & Compliance

Have you ever been convicted of a felony or a crime related to professional practice?

Yes No (If yes, please attach an explanation.)

Do you currently hold any other professional licenses (e.g., CNA, Esthetician)?

Yes No

List: _____

VI. Application Checklist

Please ensure the following items are submitted with this form:

\$150_ Application Fee (Non-refundable)

Copy of High School Diploma/Transcripts or GED

Copy of Government-Issued Photo ID

Personal Statement Essay

VII. Signature & Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements may result in the denial of my application or dismissal from the program.

Signature of Applicant: _____

Date: _____