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:

[ ] $100_ Application Fee (refundable within 5 business days)
[ ] 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:_____