

College of Massage Therapy
98 Poplar Street, Blackfoot, ID 83221
APPLICATION FOR ADMISSION

Please complete each section of this application. Any falsification is grounds for rejection or for cancellation of enrollment agreement. This information is strictly confidential.

PERSONAL DATA

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE OR PHOTO I.D.

Last Name _____ First _____ Middle _____ Maiden Name _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Telephone Numbers (____) _____ (____) _____ (____) _____

HOME

CELL

WORK

E-mail address: _____

ID#/Drivers License # _____ SSN. ____/____/____ Date of Birth _____

Male [] Female []

Marital Status _____ Spouse's Name _____

Race or Ethnic origin _____ U.S. Citizen? Yes ___ No ___ Alien Registration No. _____

Nearest Relative (Excluding spouse, or other relative living with you)

Relative's Name _____ Relationship _____ Address _____

Day Phone (____) _____ Evening Phone (____) _____

Other Relative (Excluding spouse, or other relative living with you)

Relative's Name _____ Relationship _____ Address _____

Day Phone (____) _____ Evening Phone (____) _____

Emergency Contact

Emergency Contact Name _____ Relationship _____ Address _____

City _____ State _____ Zip _____ Day Phone _____ Evening Phone _____

HOW DID YOU HEAR ABOUT the College of Massage Therapy? (check all that apply)

___ Signs ___ Yellow Pages ___ Newspaper ___ Radio ___ Flyer ___ Other (Please _____
specify)

CURRENT EMPLOYMENT

Are you currently employed? ___(Yes) ___(No)

Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ How Long _____

EDUCATION and TRAINING

High School _____ City and State/Country _____ Year of Graduation _____

College _____ City and State/Country _____ Major/ Year of Graduation _____

Other Training _____ City and State / Country _____ Year/Date of Completion _____

REFERENCES (Please fill in all information, and use references you have known for at least three years)
List current or former, employers, co-workers, teachers, friends. **NO RELATIVES PLEASE!**

(Name)	(Mailing Address) (No. Street)	(City)	(State)	(Zip)	(Phone)
(Name)	(Mailing Address) (No. Street)	(City)	(State)	(Zip)	(Phone)
(Name)	(Mailing Address) (No. Street)	(City)	(State)	(Zip)	(Phone)

OTHER

Have you ever pled guilty or been convicted of a crime as an adult or juvenile? (Check Yes even if the conviction was sealed or the judgment withheld.)

No ___ Yes ___ Please explain: _____

Do you have criminal charges or warrants pending against you, or are you on probation or parole in this state or any other state?

No _____ Yes _____ Please explain: _____

PLEASE BE ADVISED THAT A CRIMINAL BACKGROUND CHECK IS REQUIRED FOR ADMISSION TO THE COLLEGE OF MASSAGE THERAPY. A negative finding may result in admission to the College being denied.

Have you ever received a professional massage before?

No _____ Yes _____

Will you need financial assistance through a payment plan? _____ (yes) _____ (no)

Do you have any physical health problems that may interfere with your ability to give or receive massages?

_____(yes) _____(no). If yes, please explain. _____

Do you currently have or have you had during the last two years a communicable disease _____ (yes) _____ (no)

If yes, please explain _____

Are you currently on any medications? _____ (yes) _____(no). If yes, please list medications and condition being treated.

SPECIAL ACCOMMODATIONS

Students with special needs due to disability should advise the school prior to enrollment. Please describe your disability:

The College of Massage Therapy reserves the right to deny admission to any applicant who does not demonstrate the ability to benefit from the training program. As a condition of enrollment in any program at the College of Massage, the applicant must be able to give and receive a massage, and it is recommended that the applicant receive at least one massage prior to enrollment.

Students who are accepted for enrollment will be required to undergo and pass a tuberculosis test, as required by the hospital, in order to participate in the required internship training component of the program. If student elects to decline the TB skin test, the student must have a chest x-ray at their own expense. The estimated cost to be \$125.00. Additionally, students must agree to provide proof of the following within the first 30 days.; records of immunizations for MMR (Measles, Mumps, Rubella), History of Varicella Disease (Chicken Pox), Titer, or proof of immunization, Tetanus Immunization (Tdap or TD) in the past 10 years. Students who do not pass either the skin test or x-ray for tuberculosis will be withdrawn from the program and may owe money to the school based on the refund policy.

I certify that the information provided herein is true and accurate to the best of my knowledge. If accepted, I agree to uphold the ethical standards required of the profession for which I am being trained.

Name (Please print) _____

Signature: _____ **Date** _____

Signature of Parent or Guardian if under the age of 18: _____ **Date:** _____

The College of Massage Therapy does not discriminate on the basis of Race, Color, National Origin, Sex, Handicap or Age in employment, or admissions to any of its educational programs or activities. As a condition of enrollment, in any program at the College of Massage Therapy, students must be able to give and receive a massage. The College of Massage Therapy reserves the right to contact any or all of the individuals listed on this Application.

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

___ \$ 75.00 Application Fee ___ Copy of High School Transcripts ___ Diploma ___ Copy of Driver's License

