

Application**Massage Therapy 500 Hour Program**

<input type="checkbox"/> Day class (26 weeks)	Start Date:
<input type="checkbox"/> Night class (32 weeks)	Start Date:

Information

Name:	Phone:
Address:	DOB:
City, State:	Zip:
Email:	SSN:
Have you ever been convicted or have pending charges of a criminal offense (misdemeanors and felonies)? If yes, list offense(s) and date(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation Checklist

Please provide copies of the following with your application.

<input type="checkbox"/> Photo Identification	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> High School Diploma, GED or College Transcript	<input type="checkbox"/> Entrance essay
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Emergency Contacts

Please list two emergency contacts.

Name:	Phone:	Relation:
1.		
2.		

Employment

Are you currently employed? List current employer or last employer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer name:	Employer address and phone number:
Employment dates: From _____ To _____	

Education

High School name, city, and state:	Year graduated:
<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> College transcript	List degrees, certificates, and/or licenses:
College or Other Education Received:	

Character References

List three personal references (name and phone number) who can attest to your character and abilities.

1.
2.
3.

Student Requirements

Will you be able to obtain a note from a medical physician stating you are healthy enough to give and receive massage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to obtain a tuberculosis test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you physically be able to become CPR certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

X _____
Applicant Signature and Print Name Date