College of Massage Therapy 1600 Highalnd DriveBlackfoot, 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 CO.	<u>PY OF YOUR DRI</u>	<u>IVER'S LICENSE OR PHOTO I.D.</u>
Last Name	First	Middle	Maiden Name
Address	Apt. #	City	State Zip
Telephone Numbers ()_	HOME ()_	CELI	() WORK
E-mail address:		CELL	WORK
ID#/Drivers License #	SSN	1/	Date of Birth
Male [] Female []			
Marital Status	_Spouse's Name		
Race or Ethnic origin	U.S. Citizen? Y	Yes No A	Alien Registration No
Nearest Relative (Excluding sp	oouse, or other relative living with	h you)	
Day Phone (Evaning Phone	npAddres	SS
	R ZipDay Phone	elationship Ever	Address ning Phone
	ABOUT the College of Ma		
SignsYellow Pages	_NewspaperRadioFlyer	Other (Please specif	
CURRENT EMPLOYM			
Are you currently employed? _ Employer			
AddressPosition	City How Long	State	Zip
EDUCATION and TRAI	NING		
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

(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)
sealed or the judgmen	guilty or been convicted of a crime as an antiwithheld.) s Please explain:				
Do you have criminal state?	l charges or warrants pending against you	ı, or are you	on probation	or parole in	this state or any
No Yes PLEASE BE ADVIS	SED THAT A CRIMINAL BACKGRO F MASSAGE THERAPY. A negative	OUND CHE	CK IS REQ	U IRED FO	
No Yes PLEASE BE ADVIS THE COLLEGE OF Have you ever receive	SED THAT A CRIMINAL BACKGRO	OUND CHE	CK IS REQ	U IRED FO	
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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.

Date
Date:

I certify that the information provided herein is true and accurate to the best of my knowledge. If accepted, I agree to uphold

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 INC	LUDE THE FOLLOWING WITH T	THIS APPLICATI	ON:
\$ 75.00 Application Fee	Copy of High School Transcripts_	Diploma Copy	v of Driver's License

Please explain to us in a one page essay:

- Describe why you want to be a Massage Therapist
- Describe where you see yourself working after graduating
- Describe why you want to be a student in our School, and

What is it about massage that inspires you	
Student Signature:	_
For Office Use Only Application reviewed on: (date) Application reviewed by:	(signature)

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