

Soothing Arts Healing Therapies School of Massage
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 _____

Telephone Number _____ SSN. ____/____/____ Date of Birth _____

ID#/DRV Lic. # _____ E-mail address: _____

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

Permanent Address: (if different)

Address _____ City _____ State _____ Zip _____ Phone _____

Race or Ethnic origin _____

Marital Status _____ Spouse's Name _____

U.S. Citizen? Yes ___ No ___ Alien Registration No. _____

Name as you want it to appear on your Certificate _____

Nearest 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 SOOTHING ARTS? (check all that apply)

Internet _____ Signs _____ Yellow Pages _____ Radio _____ Flyer _____ Friend _____

Event _____ Other _____

CURRENT EMPLOYMENT

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

Employer _____ **Phone No.** _____ **Supervisor** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Position _____ **How Long** _____

EDUCATION and TRAINING

General Requirements:

Florida LAW requires that all students and licensee applicants for a massage therapy license must have a high school diploma or equivalency. Please provide transcript, diploma or GED Certificate.

High School	City and State/Country	Year of Graduation
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College	City and State/Country	Major/ Year of Graduation
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Other Training	City and State / Country	Year/Date of Completion
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REFERENCES (Please fill in all information, and use references you have known for at least three years)

(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

Program of interest Massage Therapy Skin Care Clinical Skin Care Nail Specialist
Do you have previous experience in the health care or beauty industry? (yes) (no).
If yes, please explain _____
Other than traffic violations, have you ever been convicted of a crime? yes no. Please explain _____

Will you need financial assistance through a payment plan? (yes) (no)
What hours can you attend classes? _____ when can you begin your training? _____
Do you have any physical health problems that may interfere with your ability to participate in class? (yes) No
If yes, please explain. _____
If you are applying for the massage therapy program, do you have any physical health problems that may interfere with your ability to give or receive massages? (yes) (no). If yes, please explain. _____

Below or on a separate sheet of paper, explain your personal and professional goals and how they relate to your chosen field of study. Why are you choosing to attend this program?

SPECIAL ACCOMMODATIONS

Students with special needs due to disability should advise the school prior to enrollment to assure that reasonable accommodations can be made to facilitate training. Please describe your needs: _____

Soothing Arts Healing Therapies School of Massage reserves the right to deny admission to any applicant who does not demonstrate the ability to benefit from the training program, or who does not demonstrate the ethical standards required of the profession for which the training is offered.

I certify that the information provided herein is true and accurate to the best of my knowledge. I also state that I have read and agree to abide by the policies stated in the School catalog. If accepted, I agree to uphold the ethical standards required of the profession for which I am being trained.

Name (Please print) _____

Signature: _____ **Date** _____

Soothing Arts Healing Therapies School of Massage does not discriminate on the basis of Race, Color, National Origin, Sex, Handicap or Age in employment, admissions or any of its educational programs or activities. Soothing Arts Healing Therapies School of Massage reserves the right to contact any or all of the individuals listed on this form.