

**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**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Maiden Name \_\_\_\_\_

Phone \_\_\_\_\_ SSN. \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID#/DRV Lic. # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address: (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

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 \_\_\_\_\_

**Emergency Contact**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact 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 & State/Country \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College \_\_\_\_\_ City & State/Country \_\_\_\_\_ Major/Year of Graduation \_\_\_\_\_

Other Training \_\_\_\_\_ City & State/Country \_\_\_\_\_ Year/Date of Completion \_\_\_\_\_

**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:

**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 _____
_____	_____	_____	_____
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

If yes, 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?

I am applying for the \_\_\_\_\_ program. I am interested in this program because I want to learn more about \_\_\_\_\_ and become a professional in this field. My goal is to \_\_\_\_\_ and I believe that attending this program will help me achieve my goals. I am choosing to attend this program because it is the best program for my interests and goals.

Full Name \_\_\_\_\_

By checking, 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.

I am applying for the \_\_\_\_\_ program. I am interested in this program because I want to learn more about \_\_\_\_\_ and become a professional in this field. My goal is to \_\_\_\_\_ and I believe that attending this program will help me achieve my goals. I am choosing to attend this program because it is the best program for my interests and goals.

I am applying for the \_\_\_\_\_ program. I am interested in this program because I want to learn more about \_\_\_\_\_ and become a professional in this field. My goal is to \_\_\_\_\_ and I believe that attending this program will help me achieve my goals. I am choosing to attend this program because it is the best program for my interests and goals.

**Instructions in Order to Navigate the Process.**

1. Download Form to your device
2. Type in all fields
3. Email completed form to soothingarts@gmail.com