



Application For Admission (Fill out completely please.)

Applying To Begin

Beginning Date:

6-Month 700 Hr. CMT Program _____ Summer _____
 _____ Winter _____
 Other Program/Classes _____

Your Information

Name: _____ Birth Date: ____ / ____ / ____ Age: _____
 Address: _____ SS# _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____ Driver's _____ Male / Female
 Home Phone: _____ License # _____
 E-mail: _____ & State _____

Military Service

Branch: _____ From: _____ To: _____

Citizenship

U.S.: Yes No
 Country: _____ Visa Issued By: _____ Type: _____

Emergency Contact - Required - must be parent or spouse!

Name: _____ Relationship: _____
 Address: _____ Phone #(s): _____
 City: _____ State: _____ Zip: _____
 E-mail: _____

Your Education

	Name	Location	Dates	Certificate/Degree/Major
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

Your Employment / Occupation

Current: _____ From: _____ To: _____
 Previous: _____ From: _____ To: _____
 Previous: _____ From: _____ To: _____

Your References

List 2 non-family references

Name: _____ Relationship: _____
 Address: _____ State: _____ Zip: _____
 City: _____ Work Phone: _____
 Home Phone: _____ Relationship: _____
 Name: _____ Relationship: _____
 Address: _____ State: _____ Zip: _____
 City: _____ Work Phone: _____
 Home Phone: _____ Work Phone: _____

Some Questions:

Have you ever been convicted of a felony or arrested for any sexual offenses? Yes _____ No _____

If Yes, please explain:

Have you been treated or involved in substance abuse in the last 5 years? Yes _____ No _____

If Yes, please explain:

Have you been denied acceptance into or expelled from a massage therapy school? Yes _____ No _____

If yes, please give date, school, and reason for denial.

Do you have any medical, physical, or psychological conditions that may inhibit your ability to preform or receive massage treatments? If Yes, please explain: Yes _____ No _____

How Were You Referred To Us?

_____ Magazine / Newspaper	Name: _____	Date: _____
_____ Internet	Where: _____	Date: _____
_____ Word of Mouth	Name: _____	Date: _____
_____ Phone Book / Other	Name: _____	Date: _____

Please Comment On The Following: (attach additional pages if needed)

List any previous training you have had in the healing modalities.

What is your philosophy of healing?

What motivates you most to seek a career in massage therapy?

Why would you be a good massage therapist/bodyworker?

What will being a massage therapist/bodyworker do for you?

Describe your vision of your bodywork practice.

Explain your current level of ability to: (attach additional pages if needed)

Be honest with yourself about your feelings and actions.

Accept criticism & give honest feedback.

Make changes in your behavior to become more professional.

Listen and be nonjudgmental.

Be enthusiastic, self-empowered and response-able.

Please / your probable payment plan choice (see our website for information):

___ Plan A ___ Plan B ___ Plan C ___ Plan D

Include:

\$50.00 Application Fee (refundable if you're not accepted or you withdraw within 3 days of acceptance)
(Good for 1 year.)

1 Picture of you.

Signature: _____ Date: _____

NOTE: Please mail your application to: MountainHeart School, P.O. Box 575, Crested Butte, CO 81224

OR: Scan and e-mail to: school@mountainheart.org

Downloadable forms can be found in pdf, Word, & Pages formats at: www.mountainheart.org