

MountainHeart School of Bodywork & Transformational Therapy

P.O. Box 575, Crested Butte, CO 81224

970-275-1090,, [school@mountainheart.org](mailto:school@mountainheart.org) [www.mountainheart.org](http://www.mountainheart.org)

Attach Photo Here

**Application For Admission** (Fill out completely & print clearly please.)

**Check Program / Class**

**Beginning Date:**

6-Month 702 Hr. CMT Program \_\_\_\_\_

Summer \_\_\_\_\_

Other Program/Classes \_\_\_\_\_

Winter \_\_\_\_\_

**Your Information**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

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

**Some Questions:** (Failure to complete truthfully may cause your dismissal.)

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 be present or to give or receive massage treatments in classroom or during home work? If Yes, please explain: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you taking any prescriptions, other drugs, or herbs/plant products that may inhibit or alter your ability to be present or perform in classroom or home work situations? If Yes, please explain: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently involved in any life situations (home, family, work) that may inhibit or alter your ability to be present or perform in classroom or home work situations? If Yes, please explain: Yes \_\_\_\_\_ No \_\_\_\_\_

**How Were You Referred To Us?**

\_\_\_\_\_ Magazine / Newspaper

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Internet

Where: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Social Media

Which: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Word of Mouth

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Phone Book / Other

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please comment on ALL of the following, use and attach additional pages.**

**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: , use and attach additional pages.**

**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 (# of months \_\_\_ )      \_\_\_ Plan D (# of months \_\_\_ )

**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](mailto:school@mountainheart.org)

Downloadable forms can be found in pdf, Word, & Pages formats at: [www.mountainheart.org](http://www.mountainheart.org)