



Hands-on Medical Massage School

A Medical Ministry School

Application for Admission

Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Start Date: _____	End Date: _____	<input type="checkbox"/> Day <input type="checkbox"/> Evening
<input type="checkbox"/> Professional Massage Therapy Certificate	Start Date: _____	End Date: _____	<input type="checkbox"/> Day <input type="checkbox"/> Evening
<input type="checkbox"/> Associate of Science Degree in Medical Massage Therapy	Start Date: _____	End Date: _____	<input type="checkbox"/> Day <input type="checkbox"/> Evening
<input type="checkbox"/> Massage Instructor Course	Start Date: _____	End Date: _____	<input type="checkbox"/> Day <input type="checkbox"/> Evening
CIP Code _____	Credential Level: (01) <input type="checkbox"/> (02) <input type="checkbox"/>		

Name _____
 (Last) (Middle) (First)

Address _____
 City _____ Zip _____

Phone () _____ Alternative Phone () _____ Email _____

Emergency Contact Name: _____ Phone: () _____

Male Female Married Single Date of Birth _____ Age _____

Are you a U. S. Citizen? Yes No If no, Country of Citizenship/Visa Status _____

Country of Birth? _____ Social Security Number _____

Student Demographics:

Gender:

Male Female

Citizenship:

US Citizen Resident Alien Nonresident Alien

Race/Ethnicity:

Hispanic/Latino

American Indian or Alaska Native

Asian

Black or African American

Black African

European African

Native Hawaiian or Other Pacific Islander

Middle Eastern White (Northern European Descent) Two or More Races Race and Ethnicity Unknown

Have you ever been convicted of a crime (other than minor traffic violations?) Yes No

If yes, please explain:

List any health problems (including communicable diseases, or any other considerations that may affect your performance while attending school or community outreach projects? List any previous illnesses or injuries:

What are your long range career plans?

EDUCATIONAL BACKGROUND

	Name of Institution	State	Dates	Degree
High School				
College/Tech. School				
HealthCare Training				

WORK HISTORY

Employer _____	Phone Number _____
Address _____	Dates of Employment _____
City/St/Zip _____	Duties _____
Title _____	Duties _____
Immediate Supervisor _____	Duties _____

Describe any previous healthcare work or related experience that was not listed above:

How did you hear about Hands-on Medical Massage School?

I understand that no placement service or guarantee of employment is made to graduates of Hands-on Medical Massage School. I agree that all information on this application is complete and correct. If I am admitted I will uphold the ethical and moral standards of Hands-on Medical Massage School.

Applicant's Signature _____ Date _____

In order to complete the application process, the school must receive the following documents. Please note that once all documents are received, candidates will move into the interview process by the admissions committee.

1. Fully completed Application for Admission (*cannot be filled out online, must be printed*).
2. Please type a one to two page autobiography and state why you feel that the massage industry suits your career plans.
3. Two 2 X 3 current, passport-style photos.
4. Two letters of reference from professionals or clergy mailed, faxed or emailed directly to the school by those persons.
5. Copies of transcripts from highest level of education. If college has not been attended, please attach a copy of high school diploma or GED.
6. Non-refundable registration fee of \$75.00 in the form of a credit card, personal check, cashier's check or money order made payable to Hands-on Medical Massage School.
7. A completed and signed medical release form: form must be copied onto the physician's letterhead or prescription pad, or stamped with the physician's stamp. The medical release form must state that the student is healthy to give and receive massage as well as free from TB.
8. CPR and Basic First Aid class through American Heart Association or American Red Cross. Certifications must be obtained before graduation.

**Hands-on Medical Massage School
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