



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

**Check Program / Class** **Beginning Date:**

6-Month 702 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 (# 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)**