

ACADEMIC BACKGROUND

High School Attended:

Name: _____

Graduation Date: _____

Please list any colleges or other training:

Name of Institution	City, State	Dates Attended	Degree/Certificate

WORK EXPERIENCE (Please indicate your most recent work experiences)

Name Address Phone Position/Title Dates Employed

Name Address Phone Position/Title Dates Employed

REFERENCES

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

SIGNATURE

I certify that the information given in this application is complete and accurate.

Signature of Applicant

Date

FINAL CHECK LIST INSTRUCTIONS

- ❖ Please make sure this form is filled out in its entirety and that the application is signed.
- ❖ Please include a copy of your High School Diploma and/or college transcripts
- ❖ Include an essay explaining your interest in becoming a Massage Therapist and your philosophy of health care.
- ❖ Submit completed application with the \$25.00 non-refundable application fee and all the required materials listed above to:

**Academy of Massage Essentials
5525 N. Union Blvd., Ste. 101
Colorado Springs, CO 80918**