



ACADEMY OF MESSAGE ESSENTIALS

5446 N. ACADEMY BLVD., STE. 104, COLORADO SPRINGS, CO, 80918
(719) 232-0157

APPLICATION FOR ADMISSION

Today's Date: _____

Program Start Date: January July
 April October

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Have you ever been convicted of a felony? () No () Yes
 If yes, please explain _____

Do we have your permission to conduct a background check? () No () Yes **Initial Here** _____

As a student in the program, do you consent to giving AND receiving massage from fellow students, to include both male and female? () No () Yes

Do you have any physical/mental disabilities that may impair your ability to fully participate in all aspects of this program?
 () No () Yes If yes, please explain _____

Do you currently have, or have had within the last year, any contagious diseases? () No () Yes
 If yes, please explain _____

Emergency Contact Person:
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

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
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Name	Address	Phone	Position/Title	Dates Employed
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REFERENCES

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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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
5446 N. Academy Blvd., Ste. 104
Colorado Springs, CO 80918**