



Reflections of Health School of Massage, Inc.

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APPLICATION FOR ADMISSION

Office Use Only
 \$100 Application Fee Paid
_____ of _____

APPLICATION INFORMATION

Program Preference (Check any that apply)

- Weekend
- Weeknight
- Weekday

Program Schedules

Friday 4 PM – 9 PM; Saturday & Sunday 9 AM – 6:30 PM
Monday to Thursday 4 PM – 9:30 PM
Monday to Thursday 9 AM – 2:30 PM

STUDENT INFORMATION

Last Four of SSN: _____ DOB: _____ Year Graduated: _____

FULL LEGAL NAME

Last Name, First Name, Middle Name, Suffix

NAME USED ON PREVIOUS ACADEMIC RECORDS (IF DIFFERENT FROM ABOVE)

Last Name, First Name, Middle Name, Suffix

MAILING ADDRESS

Street Address, Apartment #, City and State, Zip Code

E-Mail Address:

Phone Number:

US Citizen? Yes No **Resident Alien?** Yes No **Non-Resident Alien?** Yes No
If no, are you able to document your immigrant status? Yes No

Have you taken a tour of the campus? Yes No

Have you reviewed the student catalog? Yes No

May ROHSOM text important updates? Yes No

Have you requested your academic transcript be sent to ROHSOM? Yes No

Do you plan to seek massage licensure in Tennessee? Yes No

Have you had a professional or student massage previously? Yes No

How did you hear about ROHSOM? Social Media Friend Former Student Internet Search Other

EDUCATIONAL INFORMATION

Applying as: High School Graduate College Student\Graduate General Equivalency Diploma HISET

Have you ever been expelled, suspended, placed on probation, or left school for an extended period? Yes No
(If yes, please submit additional information with this form. If the previous answer changes after submission of this form, you must notify the school.)

STATISTICAL INFORMATION

Information contained in this section is only used for purposes of statistical analysis and performance reporting to THEC. It is not used in the admission process and will have no bearing on your admission status.

Gender: Male Female **Ethnic Identity:** Hispanic\Latino African American Caucasian\White Other\Unknown

Age Group: 18-25 26-35 36-45 46 or Older

Current Employer

Company Name, Address, City, State, and Zip

Number of Hours per Week: _____

Telephone Number: _____

LEGAL AND ETHICAL QUESTIONS

Please answer the following questions honestly as the answers may influence your ability to become legally licensed in many states. Although no question listed below will automatically prohibit you from acceptance into the program, if the answers provided are found to be untruthful, your will be acceptance as a student will be disqualified by ROHSOM.

Have you previously applied for admission to ROHSOM? Yes No

Are you able to read, write, speak, and understand English fluently? Yes No

Do you have any special needs/learning disabilities that require special teaching/instruction during your program at ROHSOM? (If yes, please provide additional information on separate sheet) Yes No

Do you have any physical, psychological, or emotional problems that could interfere with your performance of any academic or physical work required in the program? (If yes, please explain on separate sheet) Yes No

Do you currently use any chemical substances\medications that in any way could impair or limit your ability to perform massage therapy safely and skillfully? (If yes, please explain on separate sheet) Yes No

Are you comfortable with your body as well as giving and receiving touch? Yes No

Have you ever experienced any form of abuse? Yes No

If you answered yes to the previous questions, were you able to find a method to come to terms with that experience?

Do you have any concerns about any aspects of the program? (If yes, please explain on separate sheet) Yes No

Other than minor traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? (If yes, please explain on a separate sheet) Yes No

Have you ever been convicted of any sexual impropriety, including solicitation or Prostitution? (If yes, TN state law states that you cannot apply for or receive a healthcare license. Therefore, you cannot enroll in ROHSOM.)
 Yes No

Has your name been place on the registry of persons who have abused, neglected, or misappropriated the property of vulnerable individuals in Tennessee or any other state? (If yes, please explain on separate sheet) Yes No

FINANCIAL DISCLOSURE

How do you intend to pay your tuition?

In full Prior to Attendance ROHSOM Payment Plan Vocational Rehab

SIGNATURE

If accepted, I agree to abide by all school policies & procedures in effect at the time of my enrollment or that may be instated thereafter. I certify that all the information provided on this application, all supporting documents, & subsequent communications are true and accurate. I understand that ROHSOM is not liable for any emergency medical attention provided or for charges incurred from such. I understand all materials submitted for application become ROHSOM's property & will not be returned to the applicant. I understand that ROHSOM may verify the information I have provided in my application & may deny admission if any information is found to be incomplete, inaccurate, or misleading. I authorize release of my transcript(s) by any educational institution noted in this application. I agree to notify the proper officials at ROHSOM of any changes I the information provided.

Applicant's Signature:

Date of Application: