

Central Florida School of Massage Therapy, Inc.
 450 North Lakemont Avenue, Suite A, Winter Park, FL 32792
Office: (407) 673-6776 / Fax: (407) 673-2364 / www.massagetherapy.cc

APPLICATION FOR ADMISSION

This application is to be completed in detail, signed by the applicant and returned to the **Central Florida School of Massage Therapy, Inc., 450 North Lakemont Avenue, Suite A, Winter Park, Florida 32792**. Enclosed with your application, please **include the registration fee, two passport sized photographs and your personal information sheet**. Call (407) 673-6776 to schedule your interview for entrance into the program.

| | | |
|--|--|--|
| I am applying for: Day _____ Night _____ Starting Date: _____ | | Non-refundable registration fee \$ 100.00 |
|--|--|--|

Clip **Two** Passport Sized
Photographs Here

2" X 2"

Please PRINT

1. Social Security Number: _____ Date of Application: _____
2. Applicant _____

| | | | |
|-----------|------------|--------|-----------|
| Last Name | First Name | Middle | Nick-Name |
|-----------|------------|--------|-----------|
3. Are you known by any other name(s)? Yes No
 If yes, list: _____
4. Mailing Address _____
5. City/State/Zip _____
6. Telephone _____

| | | |
|------|------|----------------|
| Home | Work | Pager/Cellular |
|------|------|----------------|
7. E-Mail Address: _____
8. Date of Birth _____ 9. Age _____ 10. Gender: female male
11. Citizen of U.S.: Yes No If No, where? _____
12. Marital Status _____ # of Children _____
13. In case of an emergency, who would you like for us to contact on your behalf?
 Name: _____ Phone #: _____
 Relationship to you? _____
14. Did you graduate from High School? Yes No If no, GED? Yes No
 Month/Year Graduated/Completed _____ / _____.
 If yes, Name of School: _____
 City/State/Zip: _____

Please have official transcript sent to the Central Florida School of Massage Therapy, Inc.

15. List any college or vocational school(s) attended. *Use separate sheet of paper if necessary and attach.*
Please have official transcript sent to the Central Florida School of Massage Therapy, Inc.

| | | | |
|------------------------------|--|-----|----|
| Name _____ | Dates attending: _____ | | |
| What area(s) of study? _____ | Degree? <table border="0"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |
| Name _____ | Dates attending: _____ | | |
| What area(s) of study? _____ | Degree? <table border="0"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |

16. Current Occupation: _____

17. Place of Employment: _____

Address/City/State/Zip: _____

18. What hours do you work? _____

19. Supervisor's Name: _____ Phone: _____

20. On a separate sheet of paper, please list the past 5 years employment (if applicable). Please include Name of Company, Name of supervisor, address, phone number, your title or position, your start and end date of job:
Check appropriate response: ☐ list attached ☐ not applicable to me

21. Have you ever been convicted of a crime?

| | |
|-----|----|
| Yes | No |
|-----|----|

If yes, please give details (no need to mention minor traffic violations):

22. Have you been treated for any mental or physical conditions in the past 5 years?

| | |
|-----|----|
| Yes | No |
|-----|----|

If yes, please give details (conditions other than cold or minor injuries)

23. Please list two people from whom we can expect to receive a letter of reference.

| | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| Phone #: _____ | |
| 2. Name: _____ | Relationship: _____ |
| Phone #: _____ | |

24. On a separate sheet of paper, please complete a response to each question and submit with your application. This information helps us to assess your application and intention in applying to the program.

1. Do you have any previous professional experience or training as a massage therapist?
2. List any professional expertise/special training you have received in the past five (5) years.
3. Do you have any learning disability or physical disability, which could affect your training?
4. Explain why you would like to become a massage therapist in the State of Florida.
5. Explain why you would be an asset to the profession.
6. What are your career plans for the first year of your massage practice?
7. Why have you chosen our school for your educational services?

I certify that the information given in this application is true and correct. I understand that providing any false information constitutes grounds for dismissal for the program. The information provided is held as confidential information.

Applicant's Signature: _____ Date: _____

Please indicate your source of referral to our school:

Name: _____ Phone #: _____
Address/City/State/Zip: _____