



Application

massage and hydrotherapy program

Date Last Name First Name Middle Name Birth Date

Permanent Mailing Address City State Zip Code Area Code and Tel #

Social Security # Gender (M or F) Occupation Email Address

Program Desired: September 2010 January 2011 May 2011 September 2011

Please keep in mind that our programs commonly fill up and go to a waiting list. We ask that you plan accordingly by applying early.

In Case Of Emergency, Please Contact:

Last Name First Name Relationship To Student Street Address City State Zip Code Area Code and Tel #

How Did You Hear About Our School? _____

References - Please List The Names And Addresses Of Two People Other Than Family:

Name Address City State Zip Area Code and Tel #

Name Address City State Zip Area Code and Tel #

Education:

Name of High School City State Dates Attended Date Graduated

Name Recorded on Transcripts (If Different From Application)

Name of College or University City State Dates Attended Date Graduated

Name Recorded on Transcripts (If Different From Application) Degree or Certification

Please List Previous Experience or Training In Massage Therapy (list names of schools and dates of trainings):

Do you want the option of practicing massage in a state other than Florida? **Yes** **No**

(If Yes, please list the States you want the option of practicing in. FSM graduates can be licensed in most states. Contact admissions for more information. Admissions staff can assist you in researching the requirements in any state)

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? (This includes misdemeanors, felonies, and withheld adjudications. Driving under the influence or driving while impaired is NOT a minor traffic offense for purposes of this question.) **Yes** **No**

In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? **Yes** **No**

In the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment? **Yes** **No**

In the last 5 years, have you been treated for or had a recurrence of a diagnosed physical impairment? **Yes** **No**

In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder? **Yes** **No**

Please be aware that if you feel you need to answer 'yes' to either question above, your ability to obtain a license to practice massage in the State of Florida or elsewhere may be impeded or prohibited. Please make an appointment with an administrator to discuss your situation before applying.

Are you currently taking or have you taken any medication in the last two years? **Yes** **No**

(If Yes, please list and describe the **purpose** of the medication)

Do you have or have you had a communicable disease or condition in the last two years which would be a consideration in giving and receiving bodywork? (Examples: Hepatitis, Lice, Tuberculosis, HIV, Scabies. Use A Separate Sheet If Necessary) **Yes** **No**

Please include the following required materials with this application. Only complete applications will be considered for enrollment.

1. A brief biographical sketch explaining your motivation for training in massage and your philosophy of health care;
2. A brief description as your best friend might describe you;
3. An identifiable, original, and recent photograph of yourself;
4. Your high school, GED, or college transcripts;
5. A copy of your valid driver's license
6. A \$100.00 registration fee made payable to the Florida School of Massage.

I have completed this application to the best of my knowledge and I state that the information I have given is true and correct. I also understand that I must take a tour of the school, receive three professional massages, and be interviewed by the Director before the start of the program.

Signature

Date