



Massage and Hydrotherapy Program Application

Personal Information

Program desired:

☐

January

☐

May

☐

September

Date: _____

Name (Last, First, MI): _____

DOB: _____ SSN: _____ Phone #: _____

Email: _____

Gender:

☐

Female

☐

Male

☐

Other

Permanent mailing address: _____

City, State, Zip Code: _____

Current occupation: _____

In case of emergency:

Name *Relationship*

Phone # *Address*

How did you hear about our school? _____

Please list any previous massage therapy training and/or experience:

Please list any other states in which you might want to practice massage:

Education

Name of high school: _____

City and State: _____

Dates attended: _____ Date graduated: _____

Name on transcript (if different from application): _____

Name of college/university: _____

City and State: _____

Dates attended: _____ Date graduated: _____

Is this your first time in college? ☐ Yes

☐ No

Are you a veteran?

☐ Yes

☐ No

References

Please list the names and contact information for two people other than family

1. _____
Name *Phone*

Address

2. _____
Name *Phone*

Address

Legal/medical background

Please note: answering 'yes' to any of the following questions does not affect your admission to FSM. We collect this information for the purposes of supporting you through the professional licensure process after graduation, as it may impede or prohibit your ability to obtain a license in the State of Florida or elsewhere.

- 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 (misdemeanors, felonies, and withheld adjudications; DUI or DWI is NOT considered a minor traffic offense) ☐ No ☐ Yes
- In the past 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? ☐ No ☐ Yes
- In the past 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment? ☐ No ☐ Yes
- In the past 5 years, have you been treated for or had a recurrence of a diagnosed physical impairment? ☐ No ☐ Yes
- In the past 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder? ☐ No ☐ Yes
- Do you have, or have had, a communicable disease or condition in the last two years which would be a consideration in giving/receiving bodywork? (Examples: Hepatitis, lice, tuberculosis, HIV, scabies). If yes, please list below. ☐ No ☐ Yes

Please list any medications you have taken in the last 2 years and the reason for each.

Name:

Taken for:

I certify that the information provided in this application is true and complete to the best of my knowledge. By signing below, I understand that the \$100.00 fee provided with this application is non-refundable, and is not a guarantee of enrollment in the Massage and Hydrotherapy Program at the Florida School of Massage. In addition to this application and supplemental materials, a tour of the school and an interview with the Director are also required for enrollment.

Signature

Date

Supplemental Materials

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

1. A recent, identifiable photograph of yourself
2. Your high school diploma, GED, or college transcripts
3. A copy of your valid driver's license (or valid government ID)
4. \$100.00 non-refundable application fee
5. Provide a brief statement explaining your motivation for training in massage, and your philosophy of health care. (Continue on the back if necessary)

6. How would you best friend describe you? (Continue on the back if necessary)

For office use

Photo	Date/initials _____	Diploma/GED	Date/Initials _____
DL	Date/initials _____	Application fee	Date/initials _____