



**College of Massage and the Healing Arts Center  
Application for Admission**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Cell phone/other (please specify) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex:  Male  Female

Employment status while in school:  full-time  part-time  not employed

If employed, where? \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Weekend) \_\_\_\_\_ (Evening) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Do you have any conditions or concerns, which may require special accommodations on the part of the College? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Highest level of education and date of graduation \_\_\_\_\_

Have you ever received a professional massage?  Yes  No

Have you had any prior training in Massage Therapy?  Yes  No

If so, where, when and what type? \_\_\_\_\_

References from two people willing to share their perspectives on your taking this next step in your education and possibly a career change.

- 1 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
- 2 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

How did you hear of the College?

\_\_\_\_\_

In a short paragraph, please explain your motivations for wanting to attend classes at the College of Massage and the Healing Arts Center.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I promise, to the best of my knowledge, each of the above statements are true.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with a **small photograph** of yourself and a **\$100 non-refundable application fee** to:

***College of Massage and the Healing Arts Center***  
***Attn: Deb Elliott, RN, BS, LMT Owner/Founder/Director***  
***3601 Douglas Avenue, Des Moines, IA 50310***  
***(515) 277-2126***

Once we have received your application, a personal interview will be arranged prior to the decision regarding your acceptance in the Massage Therapy Program.

Accepted by: \_\_\_\_\_

Date \_\_\_\_\_