



Healing Spirits

Massage Training Program

550 Mohawk Dr. #65, Boulder, CO 80303
ilovehealingspirits@gmail.com
Phone: (303) 525-5213
Fax: (303) 543-0093

ENROLLMENT APPLICATION

GENERAL INFORMATION:

Name _____ Soc. Sec. # _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Phone: (H) _____ (M) _____ (W) _____

E-mail address _____ Occupation _____

Are you known by any other name? _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Phone _____ E-mail _____

How did you hear about Healing Spirits? Please indicate any persons, organizations, or publications.

Have you received professional bodywork? YES ___ NO ___

If yes, what types? _____

Do you have any previous training related to massage therapy? YES ___ NO ___
(none required for admission)

If yes, please describe*:

**If necessary, create an additional document to answer this question.*

Do you have any communicable diseases? YES ___ NO ___ *A physical may be required.*

Have you had a communicable disease in the last two years? YES ___ NO ___

Are you pregnant now or do you plan to become pregnant during the course of the program? YES ___ NO ___

Do you have any physical, emotional, or mental conditions which may require special attention or affect your ability to give or receive massage? YES ___ NO ___ If yes, please describe: _____

Have you ever been convicted of a crime? (not including misdemeanors or traffic violations) YES ___ NO ___ If yes, please give details: _____

REFERENCES:

Please submit two letters of recommendation from credible sources (e.g. personal mentor, clergy, health professional, massage therapist, employer, etc.)

WRITE AN ESSAY INCLUDING THE FOLLOWING:

1. Why are you interested in studying massage therapy?
2. How did you first become inspired to become a massage therapist?
3. What assets do you have to make you a successful student and practitioner of massage therapy?
4. What previous experience do you have in working with people?
5. Why have you chosen Healing Spirits Massage Training Program?
6. Are there special needs while attending Healing Spirits that may affect your participation in classes?
7. What type of support system (emotional, financial, etc.) will you have during the program?

Please submit this completed application, references, and essay via e-mail, fax, or regular mail.

Pay the \$100 application fee one of two ways:

- Online at www.healingspirits.net/admissions
- In the form of a check or money order via mail

As soon as we receive your completed application and application fee, we will be in contact to schedule an interview.

I HAVE COMPLETED THIS APPLICATION SINCERELY AND I STATE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT:

Signature _____ Date _____