

**COLORADO SCHOOL OF HEALING ARTS**  
**7655 W. Mississippi, Suite 100 / Lakewood, CO 80226**  
**(303) 986-2320**

**ADMISSION APPLICATION (\* Required Information for Regulating Agencies)**

**Massage Therapy CMT Programs**

- AOS Degree Program
- 700 Hour CMT Program (12-18 months)
- (Fast Track) 700 Hour CMT Program (6 months)
- 1000 Hour CMT Program

**Advanced Training Programs**

- 110 Hour Sports Massage Certificate Program
- 228 Hour Reflexology Certificate Program
- 300 Hour Neuromuscular Massage Therapy Certificate Program
- 524 Hour Cranial Sacral Certificate Program
- Lymphatic Drainage Certificate Program
- Oncology Massage Certificate Program
- Spa Arts and Sciences Certificate Program
- Trauma Touch Therapy™ Certificate Program

- Financial Aid       Day Classes       Evening Classes       Combination       Class by Class

Name: \_\_\_\_\_ Birth Date\* (mm/dd/yyyy): \_\_\_\_\_  
Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

- ✓ City Classification\*:     Urban     Suburban     Rural    DL# \_\_\_\_\_ State \_\_\_\_\_  
✓ Ethnic Origin\*     American Indian     Alaskan Native     Asian / Pacific Islander     Black / non-Hispanic  
                           Caucasian / non-Hispanic     Hispanic     Other  
✓ Gender\*:     Male     Female

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT**

Current Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATIONAL BACKGROUND\***

- ✓ Highest Level\*:     HS Grad     GED     Post Secondary     2 Yr College Grad     4 Yr College Grad     Post Grad

Name	# of Years	Area of Study	Certificate/Degree
High School* _____			
College _____			
Other _____			

**PERSONAL REFERENCES (6)**

Name	Address	Phone	Years Acquainted
① _____			
② _____			
③ _____			
④ _____			
⑤ _____			
⑥ _____			

Have you ever been convicted of a felony or arrested for any sexual offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any medical, physical, or psychological conditions which may require special adaptation to your effectiveness in performing and receiving massage\* techniques? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you been treated for substance abuse in the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Yes; \_\_\_\_\_ No. If not a citizen, list alien # \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING (If additional space is needed, please attach to this form)

\* Questions that refer to the Massage Therapy Programs are not applicable to the other programs, you may simply leave the space blank.

1. How were you referred to us? \_\_\_\_\_

2. Have you ever received a massage? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. List any previous training or experience relevant to Bodywork, Massage Therapy or other Health Related Services. \_\_\_\_\_

4. Please write a brief assessment regarding academic strengths and weaknesses; including any learning disabilities, if applicable \_\_\_\_\_

5. What is your motivation for the study of the program you are applying for? \_\_\_\_\_

6. Explain your philosophy of wellness and the healing process. \_\_\_\_\_

7. Give a brief description of your personal support systems. \_\_\_\_\_

8. How do you take care of yourself? \_\_\_\_\_

9. On a separate sheet of paper, explain how this program is an obvious next step for you.

10. Evaluate your willingness to look at yourself truthfully, take responsibility for that truth, and commit to making the changes necessary towards becoming a conscientious massage therapist\*. \_\_\_\_\_

Please note any questions that you have regarding our programs before scheduling your personal interview. Thank you for your interest in our educational offerings.

Signature \_\_\_\_\_ Date \_\_\_\_\_