



COLORADO SCHOOL OF HEALING ARTS
CONTINUING EDUCATION APPLICATION

(* Required Information for Regulating Agencies)

Full Legal Name: _____
First Middle Last

Also known as (if different): _____ Gender: _____

Birth Date* (mm/dd/yyyy): _____ SS#*: _____

Address: _____ City: _____

State: _____ Zip: _____ Select City Classification*: [] Urban [] Suburban [] Rural

Phone: (Cell) _____ (Home or Work) _____

Email: _____

Circle one (Driver's License/State ID/Tribe ID/Passport/Military ID) Number: _____ State _____
(Please provide photocopy of ID)*

- Hispanic / Latino?* [] Yes [] No If no then select (✓) one or more of the following*:
[] American Indian [] Alaskan Native [] Asian [] Black / African American
[] Native Hawaiian [] Other Pacific Islander [] White

Are you a U.S. Citizen*? _____ Yes _____ No If not a citizen, list alien registration # A-_____

How were you referred to us? Circle all that apply:
Internet Search, CSHA website, FB page, Instagram, Driving by, Graduate, Friend, Massage Therapist, Instructor (non-CSHA),
Other _____

IN CASE OF EMERGENCY

Emergency Contact
Name _____ Phone: _____

Complete Address: _____ Relationship: _____

EMPLOYMENT

Are you currently employed? If Yes, please explain below [] Y [] N
Current Occupation: _____ How Long? _____
Employer's Name: _____ Phone: _____

EDUCATIONAL BACKGROUND*

Indicate your Highest Level*: [] HS Grad [] GED [] Post-Secondary (trade school or some college but not completed)
[] 2 Yr College Grad [] 4 Yr College Grad [] Advanced Degree completed (Masters or above)

Table with 4 columns: School Name, # of Years, Area of Study, Certificate/Degree. Rows include High School*, College, and Massage School.

7655 W. Mississippi, Suite 100 / Lakewood, CO 80226 / (303) 986-2320

Name _____

Explain your experience in the massage field and how this continuing education course is an obvious next step for you?

Please attach the following with your application:

- Copy of High School Diploma, Transcript, or GED with this application (required for all programs & courses).
- Provide a copy of your legal photo ID (listed on page 1, copies can be made at CSHA)
- Copy of Massage Therapy license
- Massage Therapy school transcripts or certificate (if applicable)
- Liability insurance.

Thank you for choosing CSHA to advance your Massage Therapy career!

I agree that the information listed above, as part of this school application is accurate and complete to the best of my knowledge.

Signature _____ Date _____