



**COLORADO SCHOOL OF HEALING ARTS  
ADMISSION APPLICATION**

(\* Required Information for Regulating Agencies)

**720 Massage Therapy Program**

**Continuing Education Courses**

- Financial Aid
- Day Classes
- Evening Classes
- Class by Class
- 9 month schedule
- 12 month schedule

Name: \_\_\_\_\_ Birth Date\* (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

✓ City Classification\*:  Urban  Suburban  Rural DL# \_\_\_\_\_ State \_\_\_\_\_

✓ Hispanic / Latino?\*  Yes  No

✓ Select one or more\*:  American Indian  Alaskan Native  Asian  Black / African American  
 Native Hawaiian  Other Pacific Islander  White  Unknown

✓ Gender\*:  Male  Female

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

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

**IN CASE OF EMERGENCY**

Emergency Contact

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3 PERSONAL REFERENCES** – Minimum 3 years known, 3 separate addresses required, include details on separate sheet as needed.

Name	<u>Complete Mailing Address, Including Zip Code</u>	Phone	Years known
Next of Kin (1st reference only)			

**EMPLOYMENT**

Are you currently employed? If Yes, please explain below  Y  N

Current Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATIONAL BACKGROUND\* (Note- Proof of High School completion or GED required)**

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

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

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

Name \_\_\_\_\_

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

1. Have you ever received a massage?    \_\_\_ Yes    \_\_\_ No
2. List any previous training or experience relevant to Bodywork, Massage Therapy or other Health Related Services.
3. Please write a brief assessment regarding academic strengths and weaknesses.
4. Explain your philosophy of wellness and the healing process.

**Please list any past or present diagnosed medical conditions, psychological conditions, psycho-educational testing results and current medications. Please be thorough and complete with your responses. This information remains confidential per HIPAA and FERPA.**

5. Medical diagnoses (past and present examples including but not limited to: cancer, blood clots, heart disease, diabetes, seizure disorders, pregnancy, injuries, skin conditions etc):
6. Medications, over the counter medications, supplements:
7. Psychological diagnoses and /or psycho-educational test results:

Name \_\_\_\_\_

**ON A SEPARATE SHEET OF PAPER:** Please answer the following 3 questions as they relate to your willingness to grow emotionally, academically, and professionally.

8. Resilience is the ability to succeed in challenging situations and to take responsibility for your part in it. Since resilience affects a student's ability to be successful in school, please tell us about some of the setbacks you have experienced in your life and what you learned from those challenges.
9. Successful students find ways of balancing work, school, family and friends. What support systems have you created for yourself that will allow you to make the commitment necessary to go to school? This could include transportation, childcare, finances, housing and communications with your workplace and family members.
10. Explain how this program or continuing education course is an obvious next step for you.

**Colorado has a mandatory practice act**, which means you cannot practice as a Massage Therapist in this state without a Colorado license. To become eligible for the Colorado State Massage Therapy License the following must be completed:

- Successful completion of a state approved Massage Therapy program.
- Fingerprint / Background check.
- Successful passage of the MBLEx.
- Current professional liability insurance.
- Successful completion of the Colorado State Massage Therapy License application.

Please note that any of the following may result in your Colorado State Massage Therapy License being delayed or possibly denied:

- A misdemeanor.
  - A felony.
  - An arrest for a sexual offense.
  - A medical or mental health diagnosis that could be construed to affect your ability to practice massage safely and competently.
  - A record of excessive use of a habit forming drug or alcohol.
  - Any disciplinary action against a massage license in another state or another health care license in Colorado.
11. Have you ever been convicted of a misdemeanor or a felony, or arrested for any sexual offenses? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_
  12. Have you been treated for substance abuse in the last 5 years? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

**Please attach the following with your application:**

- Copy of High School Diploma, Transcript, or GED with this application (required for all programs & courses).
- Answers to Questions 8-10 (on a separate sheet of paper)
- For Continuing Education courses, please attach copy of Massage Therapy license, Massage school certificate (or transcripts) and liability insurance.
- For the 720 Massage Therapy Program only, a nonrefundable \$50.00 application fee is due at time of enrollment.

Thank you for choosing CSHA for your educational goals!

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 \_\_\_\_\_

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