



# Advanced Massage Therapy Program Application

- Advanced Massage Therapy Program  
 C.O.D. Program       J.J.C. Program

The information on this form is strictly confidential  
and for the sole use of the administrative staff of the Institute.

Please print legibly or type. Answer all questions, leave no blanks

## I. Personal Information:

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Maiden Name or other names used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex:  M  F

Illinois Massage License Number: \_\_\_\_\_

List issuing State and License Number: \_\_\_\_\_

## II. Education:

Massage School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Are you aware of any learning disability?  Yes  No If yes, please explain: \_\_\_\_\_

## IV. Health: WMTI reserves the right to request a physician's release if deemed necessary.

How would you describe your general health?  Excellent  Good  Fair  Poor

Are you free of any contagious diseases?  Yes  No If no, please explain: \_\_\_\_\_

If you have any mental, emotional or physical conditions, diagnosed or undiagnosed, which might affect your studies or participation in classes, please explain: \_\_\_\_\_

Are you currently using any medications?  Yes  No If yes, please explain: \_\_\_\_\_

Contact in Case of Emergency: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Please turn over

**Wellness & Massage Training Institute**

**VI. School Information:**

How did you hear about our school? \_\_\_\_\_

When would you like to start attending classes?  Fall  Winter  Spring Year \_\_\_\_\_

**The information in this application is true and correct to the best of my knowledge. I agree to comply with the policies and procedures as set forth by WMTI publications.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your interest in our school.*

***YOUR APPLICATION MUST CONTAIN THE FOLLOWING:***

- Signed and dated application.
- Enclose a \$25.00 application fee. Do not send cash.
- Enclose an original official massage school transcript showing your graduation date, a copy of your Massage Diploma and a copy of your license.

***FOR SCHOOL USE ONLY***

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accepted  Rejected Notification Date: \_\_\_\_\_

attend\admiss\applications\advanced Prgm app