



Program Application

Please check appropriate box

Massage Therapy Program Reflexology Program

C.O.D. Massage Program J.J.C. Massage 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (work): _____

Birth Date: _____ Sex: M F

II. Education:

	Name of School	Date Graduated	Degree Completed
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High School:	_____	_____	_____
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Junior College:	_____	_____	_____
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College:	_____	_____	_____
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Vocational/Professional:	_____	_____	_____
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How do you rate yourself as a student? Excellent Very Good Good Fair Poor

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

III. Bodywork Experience:

Please list any previous bodywork training, seminars, etc.: _____

Do you have experience or training in any health care field? Please explain: _____

When did you receive your first bodywork session? Month _____ Year _____

Any other bodywork experience? _____

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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 physical problems, diagnosed or undiagnosed, which might affect your studies or participation in classes, please explain: _____

Have you ever been treated for or diagnosed with the following conditions?

Carpal tunnel syndrome Yes No Joint disorders or injuries Yes No

Vertebral/disk disorders Yes No Arthritis Yes No

Do you have any physical conditions or limitations that are diagnosed or undiagnosed?

Yes No If yes, please explain: _____

Are there any issues, such as abuse, of which we need to be aware?

Yes No If yes, please explain: _____

Do you have any condition (mental, emotional or physical), diagnosed or undiagnosed?

Yes No If yes, 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): _____

V. Financial Information: WMTI does not qualify for financial aid or grants.

Are you currently employed? Yes No Occupation: _____ Hrs./week: _____

Name, address & phone number of employer _____

Have you ever been convicted of a felony? Yes No

How long have you worked at your present position? _____

If accepted, how would you finance your tuition? Self Loan Family Other _____

VI. School Information:

How did you hear about our school? _____

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

Will you be attending classes on a full time basis or a part time basis?

How many hours per week can you devote to textbook study at home? _____

How many hours per week can you devote to bodywork technique practice at home? _____

Have you visited the Institute or attended an open house at the Institute? Yes No

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VII. Short Essay:

On a separate sheet of paper, please write brief answers to the following questions.

1. Why do you wish to pursue an education and career in professional bodywork therapy?
What sparked your interest in the field?
2. What are your career goals in the field? In what setting do you see yourself working?
What type of clientele do you wish to work with?
3. What are your greatest strengths? What will contribute to your success as a bodywork therapist?
4. What do you perceive to be your obstacles during your course of study at WMTI?
5. Why have you chosen to apply to WMTI for your bodywork education?
6. How do you learn best? (i.e. by listening to lectures; watching slides or movies; reading; hands on or touch; or some other method)

Please answer all of the following statements:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have received and read a copy of the WMTI Program Student Information and Policies. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Professional Conduct Code. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Disciplinary Actions and Procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Grievance Procedure. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Withdrawal & Refund Policy and Transferring Enrollment Policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the section "What We Expect of Our Students." |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Admission Requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Program Registration Fees. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Student Enrollment Procedures and Tuition Payment Options. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Academic Policy, including Attendance and Grading. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the Graduation Requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | I agree to comply with the policies and procedures as set forth by WMTI. |

The information in this application is true and correct to the best of my knowledge.

Signed: _____ **Date:** _____

Thank you for your interest in our school.

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YOUR APPLICATION MUST CONTAIN THE FOLLOWING:

- Signed application.
- Attach responses to the six short essay questions.
- Enclose a \$25.00 application fee. Do not send cash.
- Enclose completed bodywork verification form.
- Enclose an original official high school or college transcript, or GED certificate.

Upon receipt of your completed application, you will be contacted to schedule a 35 minute reading comprehension test. Once the test has been completed, an interview will be scheduled with an Admissions Committee Member.

FOR SCHOOL USE ONLY

Interview Date: _____ Time: _____ By: _____

Accepted Rejected Notification Date: _____

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One-Hour Bodywork Session from a Professional

This verification form must be completed and signed by the therapist and the applicant and returned with your application.

All applicants to our Professional Programs must receive a **one-hour** Professional Bodywork session. A professional therapist is one who has been out of school & practicing for a minimum of one year and is licensed. Student Clinic sessions do not qualify.

Applicants to the Massage Therapy Program must receive a: Full-Body Swedish Style Professional Massage

Applicants to the Reflexology Program must receive a: one hour Reflexology session

(please check the one above that applies)

Applicant: _____ **Date:** _____

Therapist name: _____ **License #** _____

Company/Spa Name: _____

Address: _____

Phone Number: _____

Therapist: Please describe or summarize the bodywork techniques utilized in your session with this applicant.

Therapist's Signature: _____

Applicant:

1. How was this professional bodywork session different from your previous bodywork experiences?
2. What did you like about this session?
3. What would you say are the qualities and skills that distinguish the Professional Bodywork Therapist?

I give permission to the WMTI admissions office to contact the therapist with questions about the techniques used in my session.

Applicant's Signature: _____

(For Office Use Only)

Reviewed by: _____ Date: _____