



# Healing Arts Institute

Fort Collins School of Massage

## Inspiring Your Future

### APPLICATION FOR ADMISSION

Check program you are applying for:

- Doula
- Reflexology

Advanced Education:

- Neuromuscular Rehabilitation (NMRT)
- Spa
- Other Electives

These Programs are Approved by the Colorado Division of Private Occupational Schools. Not approved by ABHES

#### Application Information:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email (required) \_\_\_\_\_

#### Ethnic Background: (Check any that apply)

- Hispanic/Latino
- African American
- Native Hawaiian / Pacific Islander
- Asian
- Caucasian
- Native American / Alaska Native

#### Educational Background: (if additional space is needed, please attach to this form)

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

Have you ever attended a massage school in the past?  yes  no If yes, name and address:

Why did you leave the school?

#### In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of a felony or arrested for any sexual offences?  yes  no

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

- I understand that the State of Colorado requires a criminal background check to register as a massage therapist.

**Confidential Health History Information:**

Practicing massage therapy requires physical stamina and flexibility. Practitioners are required to stand for long periods of time, have strong, flexible joints (wrists, elbows, ankles, and knees), and sit comfortably.

We ask that you inform HAI of any physical issues you have that require special accommodations.

**Medical Conditions:** (Please check all medical conditions occurring currently or within the last two years.)

- Ankle/Foot Pain                       Arm/Elbow Pain                       Back Pain                       Hip/Leg Pain
- Shoulder Pain                       Knee Pain                       Neck Pain                       Wrist/Hand Pain
- Carpal Tunnel Syndrome                       Sciatica                       Skin Conditions                       Other \_\_\_\_\_

Please describe any of the items you checked above:

**Medications:** (Please list any medication you are taking and their purpose.)

**Disabilities:**

Do you have a physical disability such as visual impairment, hearing impairment, etc. a learning disability such as ADD, ADHD, dyslexia; and/or a psychiatric disability (e.g., depression, bipolar, panic disorder, etc.) that could require special accommodations by HAI? **Note:** Information regarding disabilities is not requested for acceptance purposes.

yes    no   If yes, please explain:

Do you have any previous experience in the fields of healing arts?

What interests you in pursuing a massage and/or healing arts career?

How do you plan to use the education you receive from us?

Briefly describe your interests and how you would be an asset to HAI.

**Failure to disclose and/or falsifying information may lead to dismissal from The Healing Arts Institute.  
I agree to follow all written school policies in the HAI catalogue and policies manual**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reviewed by** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Office Use Only)