



APPLICATION

Personal Information

- * First Name: _____ Middle Initial: _____
- * Last Name: _____
- * Address: _____
- * City: _____ * State: _____
- * Zip/Postal Code: _____
- * Phone (Daytime): _____
- Phone (Evening): _____
- * E-Mail: _____
- * Date of Birth _____ Month: Day: Year: _____

Employment

- * Currently Employed:

If employed, fill in all employment data.

Current Employment:

Employer's Phone:

Place of Employment:

Educational Background

School Name State No Years/Hours Area of Study Certificate/Degree

High School/ GED:

College :

Trade/
Vocational

Emergency Contact

* Name:

* Address:

* Phone:

* Relationship:

Personal Background

Must be able to pass background check to take MBLEx to receive massage therapy license

Have you ever been convicted of a felony, or arrested for any sexual offenses? If so, please explain.

Yes No

Health History

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 AAM 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

Shoulder Pain

Carpal Tunnel Syndrome

Arm/Elbow Pain

Knee Pain

Sciatica

Back Pain

Neck Pain

Skin Conditions

Hip/Leg Pain

Wrist/Hand Pain

Other

Please describe any of the items you checked above:

To your knowledge, are there any medical, physical, mental or legal problems which either inhibit your effectiveness or preclude you from performing the duties of a massage practitioner or bodywork therapist? Yes No If so, please explain.

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 AAM? Note: Information regarding disabilities is not requested for acceptance purposes. Yes No If yes, please explain.

Interests and Background

Do you have any previous experience in the fields of healing arts? Yes No

If so, please explain.

* How did you hear about us?

* 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 the field of massage therapy.

Have you ever attended a massage school in the past? Yes No

Name of School:

Address:

Attendance Dates: Please show the From to the to date range

Why did you leave the school?

Agreement:

I agree to the following to be completed **before** my anticipated start date:

- Copy of GED/ High School Diploma
- CPR certification (Online)
- Release from Doctor stating you are physically & mentally fit to do massage therapy

Failure to disclose or falsify information may lead to dismissal from Arkansas Academy of Massage. I agree everything is true to my knowledge.

Signature