



Healing Arts Institute

Fort Collins School of Massage

Inspiring Your Future

APPLICATION FOR ADMISSION Program

Massage Therapy

Check Semester you are applying for:

Winter/Spring Summer Fall
Year _____

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. Pregnancy and/or short-term disabilities may impede your progress in practicing and/or learning bodywork. So that we are able to assess any physical issues that could hinder you, please answer the following questions.

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)