



IDAHO SCHOOL
OF
MASSAGE THERAPY

**ENROLLMENT
APPLICATION**

**IDAHO SCHOOL
OF
MASSAGE THERAPY**

3551 East Overland Rd
Meridian, ID 83642
(208) 343-1847

E-Mail: ismtclangston@cablone.net
www.idschoollmassage.com

Name: _____
Last First MI.

Address: _____
Number/Street/Apt. No. P.O.Box

Address: _____
City State Zip Code

Telephone: () _____, () _____
Cell phone Land line: Home? Work?

Date of Birth: _____ Height: _____ Weight: _____ Color Eyes: _____ Sex: _____

Country of Citizenship: _____ Emergency Contact _____

Place of Birth: _____ Native Language: _____

Professional Discipline/Specialty: _____

Web Site: _____ E-MailAddress: _____@_____



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Please state what attracted you to this career field?

Do you have any history of criminal convictions, felonies, or misdemeanors, etc.? ☐ Yes ☐ No If your answer is yes, please explain...

Do you have addictions to any of the following? ☐ Alcohol ☐ Drugs ☐ Nicotine ☐ Other _____

Do you hold a license / certification to practice any method of healing? _____ If Yes, in what state(s)? List the states and dates license/certification was issued:

Profession	Date Issued	State/Country Issued	License Number

Give a detailed history of medical or healing education and experience. (Please include dates, location, instructors and hours.)

Education	Instructor	Dates	Hours	Location

Give a detailed history of all postgraduate education and experience. (Include dates, location, instructors and hours.)

Date	Location	Instructor(s)	Hours



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- 1. REFERENCE:** List a Personal and a Licensed Professional and Provide two (2) letters of recommendation a Professional recommendation must be on business letterhead stationery or emailed from the business with their information that can be verified by phone. A licensed professional (i.e. medical, legal etc.). Both should be non-family/spouse who have known you at least one year.

Name	Title	Phone Number

Please use this space to make any statement or comments about yourself that you feel should be known by the school agent: (You may attach a separate sheet of paper if you choose.)

☺ It is my desire to attend SOME classes / ALL classes. (Circle one)

☺ I wish to attend DAY / EVENING classes (Circle one)

Please complete this and return with a (1) time, non-refundable registration fee of \$100 along with items found on the Admission Requirements form.

Payment in the form of Cash, Credit/Debit or Check/ Money Order made payable to ISMT:

Mail to:

Idaho School of Massage Therapy
Attn: Cynthia Mason
11922 La Pan Dr.
Boise, ID 83709

Phone: 208-343-1847



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2014-15 Idaho School of Massage Therapy Payment Plan

PLEASE Note: pre-payment for classes is NOT an option.

- Pay ½ and ½ for each class at ½ point and at its end _____
- I prefer to bring payments to class upon dates due _____
- I prefer to have my credit/debit card charged upon dates due _____

Non-refundable Application fee METHOD OF PAYMENT / Tuition payment method if selected above.

Credit Card, Money Order/ Check

- | | |
|--|---|
| <input type="checkbox"/> Master Card | Card Number: _____ |
| <input type="checkbox"/> Visa | Expiration Date: _____ CVC _____ |
| <input type="checkbox"/> American Express | Signature: _____ Billing Zip code _____ |
| <input type="checkbox"/> Check/Money Order | Check Number: _____ |

AUTHORIZATION TO DEBIT CREDIT CARD ACCOUNT

I, _____, hereby authorize Idaho School of Massage Therapy to debit my credit card account in accordance to the payment plan that I have selected. I understand that the Application Fee is non-refundable, and that I am responsible for the complete tuition for the course selected, and any class that I am unable to attend, it is my responsibility to obtain any missed information.

I, hereby declare the information provided by me in this application is true, and correct to the best of my knowledge. I understand that any misstatement, misrepresentation or omission of facts on this application shall be considered cause for non-admittance or dismissal.

Signature: _____ Date: _____

Mail completed application and a one time, non-refundable registration fee of \$100 to:

Idaho School of Massage Therapy
Attention: Cynthia Mason
11922 La Pan Dr.
Boise, ID 83709
Phone: 208-343-1847