

**IDAHO SCHOOL  
OF  
MASSAGE THERAPY**

***ENROLLMENT  
APPLICATION***



**IDAHO SCHOOL  
OF  
MASSAGE THERAPY**

**3551 East Overland Rd  
Meridian, ID 83642  
(208) 342-3430  
E-Mail: [ismtclinic@gmail.com](mailto:ismtclinic@gmail.com)  
Website: [www.idschoolmassage.com](http://www.idschoolmassage.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: @



## ENROLLMENT APPLICATION

Please state what attracted you to this career field?

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

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Do you have addictions to any of the following? ☐ Alcohol ☐ Drugs ☐ Nicotine ☐ Other \_\_\_\_\_  
(If you cannot pass a background check, you need not apply)

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

For consideration of possible Credit Transfer for “substantially similar” previous training and education, provide a history of Medical, Therapeutic, Business, Military and Postsecondary education and experience. (dates, location, instructors and hours.) Eligibility determination requires transcripts or training documents. Final determination is the responsibility of the Director and marked accordingly with “Y” or “N”.

Education	Instructor(s)	Dates	Hours	Location	Eligible Y/N

Education	Instructor(s)	Dates	Hours	Location	Eligible Y/N



## ENROLLMENT APPLICATION

- 1. REFERENCES:** 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.

Names	Relationship	Phone Number/email

### Essay:

Please attach a separate sheet of paper and on it write a short essay expressing why you wish to attend this program, what strengths make you a good candidate for our program and what challenges you expect to face. Tell us how you see massage therapy and bodywork in your life after completion of the massage program:

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- ☯ I understand that Idaho School of Massage Therapy is registered with the State Board of Education in accordance with Section 33-2403, Idaho Code. I also understand that the State Board of Education has not accredited or endorsed any course of study being offered herein, and that these courses may not be accepted for transfer into any Idaho public postsecondary institution.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete Application and Mail or hand-deliver with  
non-refundable registration fee of \$100 along with items specified in Admission Requirements form.  
Payment in the form of Cash, Credit/Debit or Check/ Money Order made payable to:**

**Idaho School of Massage Therapy  
3551 E. Overland Road  
Meridian, ID 83642**

**Phone: 208 342-3430**



## ENROLLMENT APPLICATION

### 2017-18 Idaho School of Massage Therapy Massage Program and Tuition Payment Plan

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

- I will Pay ½ and ½ for each Class at ½ point and at its end \_\_\_\_\_ (initial here)
- I prefer to bring payments to class upon dates due but authorize the use of my credit/debit card to process tuition payments if I am unable to attend class on a due date \_\_\_\_\_
- I prefer to have my credit/debit card charged upon payment dates due \_\_\_\_\_
- I acknowledge the \$15 fee for each late payment date is my responsibility \_\_\_\_\_
- I wish to take SOME classes / ALL classes \_\_\_\_\_ (indicate which)
- I prefer DAY classes / EVENING classes \_\_\_\_\_ (indicate which)

**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 with 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 courses in which I enroll. I acknowledge that failure to pay tuition in a timely manner shall incur additional fees.

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: \_\_\_\_\_

Be advised and informed ~

Statistics show far too many students spend hard earned money for education and do nothing with it after graduation. Some report hearing that massage is “easy money”, only to discover that giving a competent massage is a very physical job and involves prolonged close contact with other people’s “stuff,” including germs, odors, warts and all.

*Normal and customary expectations for Massage students :* to develop proper technique and satisfactorily complete the massage therapy program, be able and willing to give and receive massage applications without posing health or safety risks to oneself, classmates, or school clients. This requires the ability to use both hands, single digits, forearms, and elbows to apply kneading, gliding, compressing, grasping, pushing, pulling, shaking, lifting, rubbing, holding, stretching, tapping, and twisting tissues at various frequencies and pressures over the full range of the body. Also, maintain proper body mechanics while performing massage techniques including core stabilization, leaning, leveraging body weight, supported digits, and safety practices for up to one hour without interruption.

Applicants shall review their medical professional, (the and have forwarded a summary Medical Clearance which able to physically give and manner normal and customary clearance waiver request may conditions which are medically communicable, are not readily spread through the customary and usual practice of massage therapy.

*Massage is a very physical  
job... expect close contact  
with other people's "stuff."*

health conditions with a licensed specifics of which are confidential) statement from said professional; a indicates applicant IS or IS NOT receive massages safely in the for massage students. Medical be granted in the presence of managed or which, though

It is not the practice of this institution to bar individuals from the pursuit of this vocation based on any form of discrimination. If this policy is perceived to place an unreasonable barrier to admission between the applicant and the school, please email or write the Director of your circumstances and reasons for the approval of a request for medical clearance waiver. And while a favorable outcome for an applicant based solely on a waiver request is not guaranteed, transparency is.

“Your friend in knead,”

Cynthia J. Mason, Director  
Idaho School of Massage Therapy  
3551 E. Overland Rd.,  
Meridian, ID 83642

personal email: [ismtclangston@cablone.net](mailto:ismtclangston@cablone.net)

school email : [ismtclinic@gmail.com](mailto:ismtclinic@gmail.com)