



IDAHO SCHOOL  
OF  
MESSAGE 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. "Nickname"

Address: \_\_\_\_\_  
Number/Street/Apt. No. P.O. Box

Address: \_\_\_\_\_  
City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_  
Cell OTHER

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Native Language: \_\_\_\_\_

Professional Discipline/Specialty (if any) \_\_\_\_\_



## ENROLLMENT APPLICATION

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...

---

---

---

(If you cannot pass a background check, you need not apply)

Do you have addictions to any of the following?  Alcohol  Drugs  Nicotine  Other \_\_\_\_\_

What is the highest grade level completed in school? \_\_\_\_\_

Any College?:  Y  N If yes, describe: \_\_\_\_\_

Do you hold a license / certification to practice any method of healing and/or healthcare?  Y  N

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: \_\_\_Y \_\_\_N** List the Personal and Professional references who will be providing the letters of recommendation required for admission. A Professional recommendation must be on business letterhead stationery or emailed from the business with their information that can be verified by phone.

Names	Relationship	Phone Number/email

**2. Written Essay: \_\_\_Y \_\_\_N**

Please attach a separate hand written 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 in school. Tell us how you see massage therapy and bodywork in your life after completion of the massage program:

---



---



---

**3. Medical Clearance: \_\_\_ Y \_\_\_ N. Other \_\_\_\_\_**

**4. Educational Documentation: \_\_\_ Y \_\_\_ N. Other \_\_\_\_\_**

**5. Financial situation summary: \_\_\_\_\_**

**6. Student Handbook signature page: \_\_\_\_\_ Student Insurance: \_\_\_\_\_**

**7. Interview Date: \_\_\_\_\_ Application Fee: \_\_\_\_\_**

☞ 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 at time of Interview.**  
**Non-refundable registration fee of \$100 due within 7 days of Interview.**  
**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**

**2024-25 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 TRIMESTER at ½ point and at its end \_\_\_\_\_ (initial here)
- I will Pay ½ and ½ for each CLASS at ½ point and at its end \_\_\_\_\_ (initial here)
- I acknowledge 1.5% fee added to credit/debit card charge; No fee for Cash/Check \_\_\_\_\_
- I acknowledge the \$15 fee per class for each late payment date is my responsibility \_\_\_\_\_
- I wish to take SOME classes / ALL classes in Program \_\_\_\_\_ (indicate which)
- I prefer DAY classes / EVENING classes \_\_\_\_\_ (indicate which)
- I wish to begin classes in Trimester \_\_\_A\_\_\_B\_\_\_C (indicate which)
- I would like to apply for consideration in TUITION WORK-OFF PROGRAM \_\_\_\_\_

**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: \_\_\_\_\_



## ENROLLMENT APPLICATION

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 and warts across a wide array of body types.

*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. As well as the ability to maintain proper standing and seated 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. You may be corrected on posture, body mechanics or attire in class and during clinicals. Student Clinic practice can involve up to 6 one-hour massages in a single day; as can be typical in this profession.

*Completion and Placement:* It transparent about completion the past three years 18 of 33 the program and this is not 18, 14 are licensed and preparing for their State Exam. program in 10 months, many first-time pass rate (89.9%) on

*Massage is a very physical job... expect close contact with other people’s “stuff.”*

is the policy of this school to be and placement expectations. Over applicants, (54%) have completed unusual in this line of work. Of the working in the field (78%) and 4 are do not. ISMT has an outstanding the MBLEX exam. Each student

shall explore the current market demand and supply, participate in the Job Fair and finalize their Business Plan before graduation. As job postings are clearly displayed in the classroom for all students, ISMT is an equal opportunity establishment and does not place or hand-select its graduates for jobs. Students place themselves in an environment most suited to their professional needs, economic needs and personal values.

It is not the practice of this institution to bar individuals from the pursuit of this vocation based on any form of discrimination. If any 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 needs prior to the application interview. And while a favorable outcome for an applicant based solely on a special needs request is not guaranteed, transparency is.

“Your friend in knead,”

Cynthia J. Mason, L.M.T., President  
Idaho School of Massage Therapy  
3551 E. Overland Rd.,  
Meridian, ID 83642

Personal email: [cyndula.cm@gmail.com](mailto:cyndula.cm@gmail.com); School email : [ismtclinic@gmail.com](mailto:ismtclinic@gmail.com);



***ENROLLMENT  
APPLICATION***

USE THIS SPACE FOR Interview Questions, Requests, or NOTES