



ENROLLMENT APPLICATION



IDAHO SCHOOL OF MASSAGE THERAPY

1626 S Wells Ave. #105
Meridian, ID 83642
(208) 342-3430
E-Mail: ismtclinic@gmail.com
Website: 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? _____ Do you have Diploma/GED? _____

Any College?: ____Y ____ N If yes, describe: _____

Do you have College Transcripts? _____

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



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SUPPORTING DOCUMENTS

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	Describe Relationship	Phone Number/Email
	Personal:	
	Professional:	

2. Hand Written Essay: ___Y ___N

Please attach a separate sheet of paper and legibly 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:

- 3. Medical Clearance:** ___ Y ___ N. **Other** _____
- 4. Educational Documentation:** ___ Y ___ N **Describe:** _____
- 5. Financial Responsibility:** _____
- 6. Student Handbook Disclosure page 24:** _____ **Student Photo:** _____
- 7. Interviewer** _____ **Registration Fees :** _____ **Date:** _____

☞ 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 hand-deliver to physical address at Interview. Or use mailing address.
Non-refundable Registration Fees are 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, Inc.
 Physical Address: 1626 S Wells Ave., Ste. # 105, Meridian, ID 83642
 Mailing Address: 11922 W. La Pan Drive, Boise, ID 83709
 Phone: 208 342-3430



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**2026-27 Idaho School of Massage Therapy
Program Overview, Fees & Attestations Page**

OVERVIEW:

- I will Pay 1/2 and 1/2 for each TRIMESTER at 1/2 point and at its end _____ (initial here)
- I will Pay 1/2 and 1/2 for each CLASS at 1/2 point and at its end _____ (initial here)
- I acknowledge a 2% fee added to a 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 (Trimester A recommended)
- I would like to apply for consideration in TUITION WORK-OFF PROGRAM _____

Non-refundable REGISTRATION FEES: METHOD OF PAYMENT:

- Application Fee (\$100) _____
- Student Insurance (\$120) _____
- Hydrotherapy Lab (\$50) _____
- TOTAL FEES \$270 _____

ATTESTATION of Registration:

I, _____ (print your name) understand the above FEES are 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 late fees at a minimum. AND

I hereby declare that by the act of Registering and affixing my signature herein, I acknowledge that all ISMT coursework, manuals, and handbooks are the proprietary copyrighted property of ISMT; AND 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.

Applicant Signature: _____ Date: _____

“All Courses or Course of Study applicable to occupations, which are otherwise regulated, licensed or registered with another state agency, meet the regulating state agency or state board standards for licensure.”

Signed: Cynthia J. Mason President, Idaho School of Massage Therapy, Inc. Dated: April 27, 2026

Interview date _____ Applicant Status: _____



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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, odor, body hair and warts across a wide array of body types and personalities.

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 is our policy to be transparent about completion and placement expectations.

Over the past three years, 27 of program (60%) and this is not those 27, 25 are now licensed more are close to completion exam (MBLEX.) ISMT has (100% 2023, 100% 2024 and This is 3 percentage points 12 points higher than National

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

45 students have completed the unusual in this line of work. Of and working in the field (92.5%). 9 and preparing for their state board an outstanding first-time pass rate 83% 2025) on the MBLEX exam. higher than the rest of the State and average. While it is possible to

complete the program in 10 months, many do not. Each student prepares a Business Plan, explores the current market supply and demand, and participates in our Job Fair. 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. All Students place themselves in the environment most suited to their professional spirit, economic needs and personal values, all of which is explored and recorded in a professional Business Plan.

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

School email: ismtclinic@gmail.com; Phone: [208-342-3430](tel:208-342-3430)



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Applicant! USE THIS SPACE to prepare for your INTERVIEW:

WHAT Questions, Requests, or Clarifications do you have for or need from the DIRECTOR?