



**Application for
150-hour Integrative Palliative Care for Massage Therapists
June 27, 2018 — Spring 2019
with Emilie Brough, DOM and David Lang, RMTI-I**

Please supply all information requested and answer all the questions as completely as you can. Applications for the all programs at the Santa Fe School of Massage are considered without regard to gender, gender expression, sexual orientation, race/ethnicity, age or religion.

Application process: After we receive your completed application, you will be notified of your acceptance within three weeks. You will receive a contract and will need to return that along with a \$500 deposit that is required to reserve your place.

Please note: your application process *may* include a phone conversation or in-person meeting with Emilie and/or David.

Personal Information

Name: _____

Date of birth: _____

Address: _____ Street address

_____ City, State and Zipcode

Phone: home: _____ work: _____ cell: _____

E-mail address: _____

Emergency Contact: _____

Address/Phone number of Emergency Contact: _____

License in Massage Therapy - State and # _____ (copy of license enclosed)

Professional Liability Insurance _____ (copy of certificate enclosed)

Please include a current résumé with your application.

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Short essay questions:

- 1. Please tell us about your Massage education and experience.**
- 2. What draws you to the study of Integrative Palliative Care? And what draws you to this training in particular?**
- 3. What is your experience of yourself as a participant in groups?**
 - **What challenges do you encounter in groups?**
 - **What creates safety for you in groups?**
- 4. Do you have any medical condition or learning challenges which could impact your participation in the learning environment? What would support you?**
- 5. What are you hoping to get from this training?**
- 6. What do you think might be your learning curve or biggest challenge in**
 - **working with seriously ill adult and pediatric clients?**
 - **working in a hospital or medical setting?**
- 7. What else you would like us to know about you?**

Please complete this application and email to us along with your resume, proof of licensure and insurance.

Thank you!

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