

SANTA FE SCHOOL OF MASSAGE

Application for Admission

Please fill out the application form completely. Your information will be treated with strict confidentiality.

Please check the program you are applying for:

Massage Therapy Certification Programs:

- Full-time 700-hour, Spring, Fall, Part-time 700-hour

Name Pronouns

Address E-mail

City State Zip

Phone

Date of birth Place of Birth

Dependents (names and ages)

Present Employer

Phone Address From To

Past Employer

Phone Address From To

Professional references: At least one must be a supervisor, the other may be a co-worker or colleague

1. Name Relationship Phone

Address

2. Name Relationship Phone

Address

Name of someone to be notified in case of an emergency:

Name Relation Phone

Name Relation Phone

Are you a US Citizen? Yes No

Immigration status if not a US Citizen

The information on this form is true and complete to the best of my knowledge. I certify that I have received and read a copy of the current catalogue. I agree to not hold the school, instructors, or students responsible for any injury caused due to my failure to disclose any medical conditions. Should there be any change in the content of the information I have given here, including my medical condition, I will immediately notify the administration and/or instructors.

Signature

Date

## Health Information

1. Please describe any previous or current medical or psychological conditions that might affect your performance as a student and future massage therapist. Please include surgeries or injuries.
2. Are you currently receiving medical or therapeutic treatment of any kind? Yes  No  If yes, please list.
3. Are you taking medication regularly? Yes  No  If yes, please list:

We will request your written permission to speak with your health care provider if necessary.

4. Do you have any challenges or difficulties with regard to the learning and classwork? Yes  No  If yes, describe:

**Please answer the following questions on a separate sheet of paper. Be as detailed, concise, and candid as possible within 2-5 pages total.**

1. Write about your educational history, both formal and informal.
2. What experiences have you had with massage and/or other healing arts?
3. Discuss your short- and long-term goals, explaining how attending massage school is relevant.
4. What are your strengths as a student?
5. Describe what you foresee as the main challenge or obstacle that you may have to work through to become an effective therapist.
6. Write about your experience with groups. Describe how you participate.
7. Write about your financial situation, how you plan to support yourself, and how you will pay tuition.
8. If you are applying for the Certification course and have ever been convicted of a felony, please contact us directly, as it may determine your eligibility for massage licensure.
9. How did you hear about Santa Fe School of Massage, and what made you decide to apply to this school?

Certification Applicants – Send us the following to complete your application:

- \$50 application fee
- Recent photo of yourself
- Up-to-date resume
- Copy of a High School transcript, GED, or college transcript
- Completed and signed application form, including essay questions

**Please return this form and all of the required materials to:**

**Santa Fe School of Massage  
PO Box 5737 Santa Fe, NM 87502-5737**

*Santa Fe School of Massage reserves the right to make changes in the program, staff, and general layout in order to adjust to State licensing guidelines and to student and staff evaluations.*

Santa Fe School of Massage  
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