

CENTERPOINT™

Massage & Shiatsu Therapy School & Clinic

Application for Admission - Part A

Applying for Which Career Training Program?

- East West Therapeutic Bodywork
 Shiatsu Therapy
 Therapeutic Massage
 Spa and Resort Massage

Term: Winter Spring Fall Year: _____

(circle one)
 Full Time Part Time

Ala Carte Courses

- Thai Massage Craniosacral Techniques
 Spa & Resort Techniques Lymph Drainage Massage

Contact Information. Please complete all information.

First Name _____ Last Name _____ MI _____ Day Phone Home Work Cell _____ Eve Phone Home Work Cell _____
 Address _____
 City _____ State _____ Zip _____ Emails _____

Applicant Information. Please complete all information.

Birth Place _____ Birth Date _____ Age _____ SSN _____ Gender M F
 US Citizen Non-US Citizen, Permanent Resident Non-US Citizen, Non-Resident
 Citizenship _____ Country of Citizenship _____
 Current Employer _____ Employment Length _____ Employment Position _____ Employment Supervisor _____

Education. Please list high school, college, university, vocational training and bodywork training.

High School/GED _____ City _____ State _____ Year of Graduation/Completion _____
 College/University/Vocational or Tech School _____ City _____ State _____ Year of Graduation/Completion _____
 Graduate School _____ City _____ State _____ Year of Graduation/Completion _____
 Other Professional Training, include Dates _____

Personal Character References. List the name, phone number & relationship to you of two references below. At least one must be an academic or professional reference who has known you as a student or in a business or professional capacity. Family members may not be used as references.

Full Name _____ Phone Number _____ Relationship to You _____
 Full Name _____ Phone Number _____ Relationship to You _____

Have you ever been charged and / or convicted of a felony or criminal misdemeanor? *Yes _____ No _____ If Yes, please explain on reverse.

Please Note: Licensing requirements for professional massage and shiatsu vary from state to state. Licensing requirements may restrict or prohibit applications from individuals who have been convicted of certain felony or criminal offenses, particularly as they relate to the practice of massage and shiatsu therapy.

*Answering "Yes" does not disqualify the applicant for admission to CenterPoint

Application Fee. Include a \$50 payment with your completed application form.

I declare that all information provided on this application is true to the best of my knowledge.

Signature _____ Date _____