

**Central Florida School of Massage Therapy, Inc.**  
 450 North Lakemont Avenue, Suite A, Winter Park, FL 32792  
**Office: (407) 673-6776 / Fax: (407) 673-2364 / [www.massagetherapy.cc](http://www.massagetherapy.cc)**

**APPLICATION FOR ADMISSION**

This application is to be completed in detail, signed by the applicant and returned to the **Central Florida School of Massage Therapy, Inc., 450 North Lakemont Avenue, Suite A, Winter Park, Florida 32792**. Enclosed with your application, please **include the registration fee, two passport sized photographs and your personal information sheet**. Call (407) 673-6776 to schedule your interview for entrance into the program.

<p>I am applying for:</p> <p>Day _____ Night _____</p> <p>Starting Date: _____</p>	<p>Non-refundable registration fee <b>\$ 75.00</b></p>
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Clip **Two** Passport Sized  
Photographs Here

2" X 2"

**Please PRINT**

1. Social Security Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_
2. Applicant \_\_\_\_\_  

Last Name	First Name	Middle	Nick-Name
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3. Are you known by any other name(s)?      Yes      No  
 If yes, list: \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. City/State/Zip \_\_\_\_\_
6. Telephone \_\_\_\_\_  

Home	Work	Pager/Cellular
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7. E-Mail Address: \_\_\_\_\_
8. Date of Birth \_\_\_\_\_      9. Age \_\_\_\_\_      10. Gender:    female    male
11. Citizen of U.S.:      Yes      No      If No, where? \_\_\_\_\_
12. Marital Status \_\_\_\_\_      # of Children \_\_\_\_\_
13. In case of an emergency, who would you like for us to contact on your behalf?  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Relationship to you? \_\_\_\_\_
14. Did you graduate from High School?    Yes      No      If no, GED?    Yes      No  
 Month/Year Graduated/Completed    \_\_\_\_\_ / \_\_\_\_\_  
 If yes, Name of School: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Please have official transcript sent to the Central Florida School of Massage Therapy, Inc.**

15. List any college or vocational school(s) attended. Use separate sheet of paper if necessary and attach.  
Please have official transcript sent to the Central Florida School of Massage Therapy, Inc.

Name \_\_\_\_\_ Dates attending: \_\_\_\_\_  
What area(s) of study? \_\_\_\_\_ Degree? Yes No

Name \_\_\_\_\_ Dates attending: \_\_\_\_\_  
What area(s) of study? \_\_\_\_\_ Degree? Yes No

16. Current Occupation: \_\_\_\_\_

17. Place of Employment: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

18. What hours do you work? \_\_\_\_\_

19. Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

20. On a separate sheet of paper, please list the past 5 years employment (if applicable). Please include Name of Company, Name of supervisor, address, phone number, your title or position, your start and end date of job:  
Check appropriate response:  list attached  not applicable to me

21. Have you ever been convicted of a crime? Yes No  
If yes, please give details (no need to mention minor traffic violations):

\_\_\_\_\_  
\_\_\_\_\_

22. Have you been treated for any mental or physical conditions in the past 5 years? Yes No  
If yes, please give details (conditions other than cold or minor injuries)

\_\_\_\_\_  
\_\_\_\_\_

23. Please list two people from whom we can expect to receive a letter of reference.

1. Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

24. On a separate sheet of paper, please complete an essay response to each question and submit with your application. This information helps us to assess your application and intention in applying to the program.

1. Do you have any previous professional experience or training as a massage therapist?
2. List any professional expertise/special training you have received in the past five (5) years.
3. Do you have any learning disability or physical disability, which could affect your training?
4. Explain why you would like to become a massage therapist in the State of Florida.
5. Explain why you would be an asset to the profession.
6. What are your career plans for the first year of your massage practice?
7. Why have you chosen our school for your educational services?

*I certify that the information given in this application is true and correct. I understand that providing any false information constitutes grounds for dismissal for the program. The information provided is held as confidential information.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate your source of referral to our school:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_