

# 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

(circle one)  
Year: \_\_\_\_\_ Full / Part Time

Term:  Winter    Spring    Fall

### Elective Courses

Thai Massage    Craniosacral Techniques    Lymph Drainage Massage    Discovering the Healer Within  
 Hospital Massage    Spa & Resort Techniques    Foot & Hand Reflexology

### 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 \_\_\_\_\_ Email(s) \_\_\_\_\_

### 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 \_\_\_\_\_