

Black Hills Health & Education Center Massage Therapy & Personal Training Certification Programs Application for Admission

Please type or print clearly

Name First Name Middle Initial Last

Mailing Address City State/Province Zip/Postal Code

Area Code/Phone No. Alternate Phone No. Email

___ Male ___ Female ___ Single ___ Married Date of Birth _____ Age ___

Are you a U.S. citizen? ___ yes ___ no
If no, Country of Citizenship/Visa Status _____

Country of Birth _____
U.S. Social Security No. _____

How did you hear about our school?

Education

Name of High School Attended Location Year Graduated or Received GED

Name of College or Technical School Location Dates Attended Degree/Certification

Please list previous experience or training in massage therapy, including names of schools and dates attended. Use separate sheet of paper if necessary.

References

1.

Name of Pastor or Head Elder Area Code/ Phone No.

Mailing Address City State/Province Zip / Postal Code

2.

Name of Friend (Over age 25 who is not a relative) Area Code/ Phone No.

Mailing Address City State/Province Zip/ Postal Code

3.

Name of Friend (Over age 25 who is not a relative) Area Code/ Phone No.

Mailing Address City State/Province Zip / Postal Code

Have you ever been convicted of a crime (other than minor traffic violations)? ___No ___Yes

If yes, please give details and include information about current litigation, if any. Do not include minor traffic violations. Use a separate sheet of paper if necessary.

Do you? ___smoke ___drink alcohol ___use recreational drugs

Do you have any communicable disease? ___No ___Yes*

Have you had a communicable disease in the last two years? ___No ___Yes*

Are you currently taking or have you taken any medications in the last two years? ___No ___Yes*

*If yes to any of the above questions, please list.

List any health problems, or any other considerations that may affect your participation in massage school. List any previous major illness or injuries. Use a separate sheet of paper if necessary.

Please give a brief autobiography including why you have chosen massage therapy as a profession. (Attach additional pages as needed.)

What are your long-range career plans?

Work History

Employer City State/Province Dates Employed

Area Code/Phone No. Immediate Supervisor Your Position

Employer	City	State/Province	Dates Employed
----------	------	----------------	----------------

Area Code/Phone No.	Immediate Supervisor	Your Position
---------------------	----------------------	---------------

I understand that no placement service or guarantee of employment is made to graduates of the Black Hills Health & Education Center. I agree that all information on this application is complete and correct. If I am admitted, I will uphold the ethical and moral standards of Black Hills Health & Education Center.

Applicant's Signature _____

Date _____

In order to complete the application package, the school must receive:

1. Fully completed Application for Admission.
2. One 2 X 3 (passport size) current photos (passport style-head and shoulders).
3. One letter of reference from either your pastor or head elder, mailed, faxed or emailed directly to the school of massage by the individual writing the letter.
4. A copy of your high school diploma or GED, or an official transcript from your high school or college. If sending a transcript, please have your high school or college send the transcript directly to the Assistant Program Director.
5. Non-refundable application fee of \$75.00 (U.S.) in the form of a personal check, cashier's check or money-order payable to Black Hills Health & Education Center. Fee must accompany submission of application.
6. A copy of a current TB test results (taken within the last year) showing no active infection. A TB skin test can be obtained from your physician or local health dept.
7. Send application and supporting documents to:

Black Hills Health & Education Center
School of Massage
P.O. Box 19 Hermosa, SD 57744
Tel: (605) 255-4101 ext. 23 Fax: (605) 255-4687 E-mail: wellness@bhhec.org