



Application for Admission – Please print clearly

Name: _____ Date of Birth: _____
Last First Middle Month Day Year

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Work phone _____ Email address _____

Male _____ Female _____ Married _____ Single _____

Are you a U.S. citizen? Yes _____ No _____ If no, country of citizenship/Visa status _____

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

Have you been convicted of any felony, or any crime involving or relating to the practice of massage, or any crime involving dishonesty or moral turpitude? Yes _____ No _____
(If you have been convicted of any crime, you will not be able to be licensed as a therapist in the state of SD. By signing this application you give Black Hills Health and Education Center the right to do a background check.)

Educational background:

	<u>Name</u>	<u>City/State</u>	<u>Dates attended</u>	<u>Degree earned</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade/Voc. Training	_____	_____	_____	_____

Employment background: (Please begin with the most recent.)

	<u>Name of business</u>	<u>Address</u>	<u>Position/Title</u>	<u>Dates of Employment</u>	<u>Main responsibility</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Health

Do you smoke? _____ Drink alcohol? _____ Use recreational drugs? _____

Please describe your current state of physical and emotional health and also any exercise routine or discipline you practice on a regular basis. _____

Do you take any medications on a regular basis? Please list _____



List any health problems (including communicable diseases), or any other considerations that may affect your performance while attending school. Also, list any previous major illnesses or injuries.

Do you have any physical or mental conditions that could effect your participation in this program? Are you being treated for any reason? Include counseling, alternative health care, etc. Please describe treatment.

What previous massage therapy experience have you had? Describe experiences you have had with other healing arts or any other experience that you feel is relevant (giving or receiving massage, workshops, etc.)

What are your educational/professional objectives, and why do you want to study massage therapy? How do you expect to use your training?

Finances: How do you intend to finance your massage course? Please be specific. _____

Character References: Two written letters of reference are required. At least one should be from a pastor or elder. If not available, we will accept letters from teacher or employers. The individuals should send their letters of reference directly to: BHHEC School of Massage, PO Box 19, Hermosa, SD 57744. In addition, please list two people whom we may contact who are: 1) not relatives, 2) over the age of 25, & 3) who know you well.

Letters of Reference from:

Name (first, last)	Title	Phone number
--------------------	-------	--------------

Name (first, last)	Title	Phone number
--------------------	-------	--------------

Additional References:

Name (first, last)	Title	Phone number
--------------------	-------	--------------

Name (first, last)	Title	Phone number
--------------------	-------	--------------

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 BHHEC School of Massage. I understand that no guarantee of employment or placement is made to graduates of BHHEC School of Massage.

Applicant's signature

Date (month/day/year)