

Colorado Institute of Massage Therapy



References (Please list two references other than family members)

Name	Address	Phone

Work Experience (Please indicate your most recent work/job experiences)

Name	Address	Phone	Title

General Information

Do you have any physical or mental disabilities which may impair your ability to fully participate in all aspects of a Massage Therapy program? Yes or No (circle one)
If yes, please briefly explain _____

Have you ever been convicted of a felony?
Yes or No (circle one)
If yes, please briefly explain _____

Have you ever been expelled or denied acceptance to a massage therapy or bodywork school?
Yes or No (circle one)
If yes, please briefly explain _____

Do you currently have, or have you had any contagious disease in the past two years?
Yes or No (circle one)
If yes, please briefly explain _____

On a separate sheet of paper, please share with us your motivation for attending massage therapy training and your philosophy of health care. Also include any other considerations that you would like to share with us.

Applicants Signature/Date

Licensed Agent Signature/Date

Contact CIMT: Phone 719-634-7347 or toll free 888-634-7347 Fax 719-447-9198 Email info@coimt.com Web: www.coimt.com

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