



ADMISSION APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ Driver=s License Number:

Birth Date: _____ Emergency Contact: _____ Phone Number: _____

Primary Language: _____ Country of Citizenship: _____

Circle the session you are applying for: _____

EDUCATIONAL HISTORY

High School: _____ Location: _____ Graduation Date: _____

College(s) & Location: _____ Degree _____ Dates: _____

College(s) & Location: _____ Degree _____ Dates: _____

EMPLOYMENT HISTORY (CURRENT & LAST TWO JOBS)

Place & Location: _____ Position: _____ Dates: _____

Place & Location: _____ Position: _____ Dates: _____

Place & Location: _____ Position: _____ Dates: _____

QUESTIONS

How did you hear about us? _____

Please list any training in anatomy/physiology or bodywork. _____

Have you ever been convicted of any felony or prostitution? If so, please explain.

Do you have any disabilities? If so, please describe. _____

How much massage have you given and to whom? Please describe your experience. _____

How much massage have you received? Please describe your experiences. _____

In your opinion, what would be the benefits of receiving massage on a regular basis? _____

What are the characteristics of an effective massage therapist? _____

What are your personal goals in taking this training? _____

PLEASE READ THE FOLLOWING PARAGRAPHS, SIGN AND DATE.

The American University of Healing Arts does not teach or permit sexual massage or massage with sexual overtones. As a vital part of your education, you will be giving and receiving massage during class time. This involves removal of clothing. The American University of Healing Arts teaches and enforces appropriate professional draping for privacy and provides a dressing area.

I understand and agree to participate, if accepted, according to the above guidelines. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein including criminal and financial investigations and authorize the references listed above to give the American University of Healing Arts any and all information concerning any pertinent information they may have, personal or otherwise, and release all parties for all liability for any damage that may result from information furnished to the University.

Signature _____ Date _____

A \$100 nonrefundable registration fee must be submitted with the application in order to reserve a space in the class of your choice. Please send your \$100 registration fee in the form of a check or money order to the American University of Healing Arts, 600 Pine Forest Rd., Ste. 120, Little Rock, AR 72113. To schedule an appointment for a tour or make a payment by phone, please call 501-851-1422.