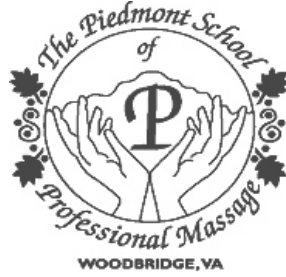


APPLICATION FOR ADMISSION



Mail, fax or bring your application packet to:

The Piedmont School of Professional Massage
 13885 Hedgewood Dr.
 Suite 333
 Dale City, VA 22193
 Tel: 703-590-1818
 Fax: 703-590-2525

Please enclose and application fee of \$50.00.
 If paying by credit card, complete the following:

Visa MasterCard

Credit Card Number:

Expiration Date: _____ / _____
 Mo. Year

Note: If you are faxing your application and the additional materials, you will need to pay your application fee by **credit card**.

Name: _____
 First Middle Last

Name you prefer to be called: _____ Date of Birth: _____ / _____ / _____
 Mo Day Year

Address: _____ City: _____ State: _____ Zip: _____
 Street or PO Box Apt#

Telephone (Daytime) _____ - _____ - _____ : (Evening) _____ - _____ - _____ :

Female Male: Social Security Number: _____ - _____ - _____ Country of Citizenship: _____

In case of emergency, the school may contact:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____
 Street or PO Box Apt#

Telephone (Daytime) _____ - _____ - _____ : Relationship to Applicant: _____

FOR OFFICIAL USE ONLY:

Date Application received: _____ Application Fee paid by check # _____ Cash Credit Card
 Essays 1st Letter 2nd Letter Budget Transcript for credit requested

Date of Interview: _____ Result of Interview: _____

Date Notification Letter mailed: _____ Staff member's Name: _____

Education

School Name, City & State	Period of Attendance		Major or Type Program	Diploma, Degree or Certificate Awarded
	From Mo/Yr	To Mo/Yr		
High School:				
Vocational School:				
College or University:				
College or University:				
Other institution:				

Date of Successful Completion of GED Exam: _____

Do you wish to request credit for prior learning related to massage therapy? Yes No

Work Experience

Name of Employer	City & State	Title & Description of Position Held	Period of Attendance	
			From Mo/Yr	To Mo/Yr

Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses)? Yes No

If yes, please describe:

Approximately how many professional massage therapy session have you received? _____

Approximately how many informal, partial or full-body massages have you given to friends and family? _____

How many months or years ago did you first consider becoming a massage therapist? _____

Have you ever received counseling or psychiatric care? Yes No If yes, please describe:

Have you ever been a member of the military service? Yes No

If yes, please give branch and dates of service: Army Air Force Navy Marines Coast Guard

Date From: _____ (Year) To: _____ (Year)

Significant Illness and Injuries

Date illness began or date of injury	Brief description	How is this currently affecting your daily life?	Current treatments and medications

Please give us the name and phone number of your primary physician or licensed health care professional if you are receiving care or treatment for any condition(s):

Health Care provider: _____

Tel: _____

Do you believe that you are currently free of diseases that could easily be transmitted to others by giving or receiving massage therapy? Yes No

Do you believe that you are currently physically capable of performing massage therapy? Yes No

On a separate sheet of paper, please write your answers to the following questions. Each answer should consist of a minimum of several sentences.

1. Why are you interested in becoming a massage therapist?
2. What skills and characteristics do you possess that will make you a good massage therapist?
3. In what kind of setting do you intend to practice massage therapy, and what kind of clients would you like to serve?

How did you hear about the school? _____

In the spaces provided, have the two massage therapists (one male and one female) who performed your professional massage sign and date this form. Include business cards from each.

Signature 1

Date

Signature 1

Date



I hereby certify that to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient cause for rejection or dismissal. I authorize the school to make appropriate inquiries when necessary to certify the accuracy of my records.

Applicant's Signature

Date

TIME TO DOUBLE CHECK IS YOUR APPLICATION PACKET COMPLETE?

Materials needed for application and admission

-  Completed application form, including separate sheet with written responses to essay questions. Remember to sign and date your application!
-  Include \$50.00 Application Fee to be paid by check, cash, or credit card.
-  Two letters of reference, which can be enclosed with your application, or which can be sent directly to the school by the letter writers.
-  Business card from two professional massage therapists with 500 hours or more of training with whom you have received a professional massage.
-  If you are requiring credit for prior learning, you must contact the institution where you took the course(s), and arrange for an official transcript to be mailed directly to the school.

If you have any questions, please call the school and we'll be happy to assist you.

The Piedmont School of Professional Massage

1690 Old Bridge Road
13885 Hedgewood Dr.
Suite 333
Dale City, VA 22193
Tel: 703-590-1818
Fax: 703-590-2525
Email: PSPMSchool@aol.com