



Piedmont School of Professional Massage Application for Admission

Mail, fax or bring your application packet to:

The Piedmont School of Professional Massage
13885 Hedgewood Dr, Sute 333, Dale City, VA 22193
Phone: 703-590-1818

Note: If you are faxing your application and the additional materials, you will need to pay your application fee by credit card. Please enclose and application fee of \$50.00

If paying by credit card:

Visa Master Card

Credit Card Number:

Expiration Date:

Month: _____ / Year: _____

Name on Card: _____

Name: _____
(First) (Middle) (Last)

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

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

Email: _____ @ _____ . _____

Female : Male: Social Security Number: _____ - _____ - _____

Country of Citizenship: _____

In case of emergency, the school may contact the following:

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Daytime): _____ - _____ - _____

FOR OFFICIAL USE ONLY

Date Application Received: _____ Application Fee Paid by: Check (# _____) Cash Credit

Essays 1st Letter 2nd letter Budget Transcript for credit requested

Date of Interview: _____

Results of Interview:



Piedmont School of Professional Massage

Application for Admission

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	From 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 sessions 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 Served From: _____ (Year) To: _____ (Year)



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Significant Illness and Injuries

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

How did you hear about the school? _____

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 _____

School certified to operate in Virginia by the State Council of Higher Education