

Black Hills Health & Education Center

School of Massage

Application

Thank you for your interest in our massage school.

Admission Requirements:

1. Be at least 18 years of age.
2. Possess a high school degree or equivalent.
3. Be in good physical and emotional health and free from communicable disease.
4. Be able to meet the financial obligations.
5. Complete admissions interview (in-person when possible or telephone interview).

Application Procedure:

1. Complete the application.
2. Send the completed application, along with the following items (listed below), and a \$75 application fee (non-refundable) to the school at BHHEC School of Massage, PO Box 19, Hermosa, SD 57744.

The following items must be submitted at least three weeks before class begins:

- Completed Application
- Copy of your high school diploma, G.E.D., or college diploma, or an official high school or college transcript.
- Two 2x3 passport style photos.
- Letter of recommendation
- A note from your physician, on his/her official letterhead, stating that you are free from communicable diseases (including tuberculosis), in good health, and able to perform massage therapy.
- \$75 application fee (non-refundable)

Class size is limited, students are accepted on a first come first served basis once the completed application package has been received and interview have been completed. It is advisable to not wait till the deadline to submit your admission package.

**Black Hills Health & Education Center
School of Massage**

Application for Admission – Please Print Clearly

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

Address _____ Home Phone (____) _____

City _____ State _____ Zip _____ Work Phone (____) _____

Cell phone (____) _____ Male Female Single Married

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 ever been convicted of a crime (other than minor traffic violations)? No Yes

If yes, please explain _____

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>
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1. _____

2. _____

3. _____

Health

Do you? smoke drink alcohol use recreational drugs

Describe your current state of physical and emotional health and 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 or community outreach projects? 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 with other healing arts or any other that you feel are relevant (giving or receiving massage, workshops, private sessions).

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

Financial situation: How do you intend to finance your education? Please be specific.

Character References: One written letter of reference should be from your pastor or head elder. If not available, we will accept a letter of reference from your high school principle or vice-principle or your employer. The individual should mail their letter of reference directly to the massage school: BHHEC School of Massage, PO Box 19, Hermosa, SD 57744. In addition, please list two people that we may contact who are: 1) not relatives, 2) over age 25, & 3) who know you well.

Letter of Reference from:

Name (first, last)	Title	Area Code & Phone Number
Mailing Address	City/State	Zip Code

Additional References:

Name of Friend	Title	Area Code & Phone Number
Mailing Address	City/State	Zip Code

Name of Friend	Title	Area Code & Phone Number
Mailing Address	City/State	Zip Code

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

Applicant's Signature

Date (month / day / year)