



## APPLICATION FOR ADMISSION

\_\_\_ Day Class: September 6, 2022 to June 29, 2023

When filing out this application, take your time and answer thoroughly. Please type or print clearly. Most questions will require the use of additional sheets of paper. Make sure these attachments to your application are labeled clearly. If you have any questions, give us a telephone call. Any information disclosed in this application is strictly confidential.

### **Basic Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email Address \_\_\_\_\_ SS# \_\_\_\_\_

### **Educational Experiences** (circle level completed)

GED High School: 9 - 10 - 11 - 12 College: 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8

**Please provide a copy of your GED, high school diploma/transcript or college transcript.**

### **Name and Location of:**

High School \_\_\_\_\_

Professional/Vocational School \_\_\_\_\_

College \_\_\_\_\_

Areas of Study \_\_\_\_\_

Additional Educational Experiences or Accomplishments: \_\_\_\_\_

Have you ever been dismissed from a school? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**Employment History**

Current or Most Recent Employment \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Previous Employment \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Do you have any medical, physical, or psychological conditions, which may influence your ability, or may require special adaptation, to complete your training or your effectiveness as a massage practitioner? (These may include, but not be limited to: surgeries, injuries, diseases, chronic fatigue syndrome, fibromyalgia, abuse issues, and PTSD to name a few). Use a separate sheet of paper if necessary. Please take your time and answer as honestly as possible so that we may work together to the best of our abilities. \_\_\_\_\_

Have you ever been treated for any mental or physical conditions, including substance abuse? If yes, please explain \_\_\_\_\_

Are you currently taking any medications? If so, please list: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than traffic offenses? If yes, please explain with the knowledge that this is confidential and does not necessarily exclude you or hinder you from seeking a state license. **Note: Criminal history checks are conducted for all massage license applicants.** \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**Personal Information** - (Please do not use a relative for your references)

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**WRITTEN INTERVIEW** Please answer the following questions on a separate sheet of paper.

Please answer the following questions. A casual tone is fine. Take your time and answer thoroughly. Make sure everything is labeled clearly with your name and date.

1. What is your motivation for enrolling in Central Washington School of Massage Therapy? Please include short and long-term, personal and professional goals.
2. Describe how you will organize your schedule to support your commitment to your massage education. Please refer **specifically** to your work and family responsibilities and **how you will structure your study/practice time**. Tell us how you plan to make room for school. A realistic sample week from a daily planner would be a good example of this.
3. Please write a brief assessment regarding your academic strengths and weaknesses; include any learning challenges, if applicable.
4. What are your expectations of this program?
5. What self-care strategies do you use to take care of yourself physically, mentally and emotionally?
6. Write a reflection on your relationship with touch. Much of this program is about giving and receiving touch and many emotions may surface. The following questions are examples of what you may want to ask yourself to begin:
  - What does touch mean to me and why?
  - What experiences have I had with touch that makes it important to me?
  - Is there anything inside myself, that I am aware of, standing in my way?

**Application Checklist – all items need to be satisfied before the application can be considered complete and progress to the interview stage of the application process.**

A copy of my GED, high school diploma or college transcript is attached. \_\_\_\_\_

My letter of recommendation has been sent. \_\_\_\_\_

I have included the application fee\* of \$100 in the form of a personal check, cashier's check or debit/credit card. \_\_\_\_\_

Agree to provide my Driver's License, Social Security card and proof of full vaccination status. The school official will make copies to be kept in the student's file, \_\_\_\_\_

Central Washington School of Massage Therapy will call to schedule an interview when all completed application materials have been received.

***The information I have provided in this application is true and complete to the best of my knowledge.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Central Washington School of Massage Therapy, LLC  
506 S 1<sup>st</sup> St., Ste. B, Selah WA 98942 509-698-2008**

**Letter of Recommendation**

Please submit one letter of recommendation. The letter should be from someone you have known for at least two years and sent directly to CWSMT by them. A relative of the applicant should not write the recommendation.

Name of Student/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Giving the Recommendation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please address the following, in the letter:

- How long have you known the applicant?
- What is your relationship to the applicant?
- In your perception, what are the applicant's strengths and weaknesses?
- Please comment on the ability of the applicant to focus his or her attention on short and long-term goals.
- Please make additional comments based on your experiences.

**Please mail this letter of recommendation directly to:**

**Central Washington School of Massage Therapy  
506 S 1<sup>st</sup> St., Ste. B, Selah, WA 98942**

**This letter of recommendation may be emailed to [cwsmt2017@gmail.com](mailto:cwsmt2017@gmail.com)**

Please call CWSMT at 509-698-2008 with any questions or concerns.

***Thank you!***