

Texas Healing Arts Institute

THE SCHOOL OF MASSAGE THERAPY

7001 Burnet Road
Austin, TX 78757
(512) 323-6042
fax (512) 323-6419
texashealingarts.com

APPLICATION

Date _____

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

Email address: _____

Emergency Contacts:

Name _____ Name _____

Address _____ Address _____

City _____ City _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Please indicate the program schedule in which you are interested:

Starting date _____

Meeting times _____



Work History (begin with your current occupation)

Dates	Profession	Employer	Address	Job Description
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Academic History

	Name	Location	Dates Attended	Major Field	Degree
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High School _____

College _____

Other _____

Previous Course Work Credit

Do you believe that any of the above coursework will satisfy the requirements of any portion of the 500-hour massage therapy curriculum? Yes ___ No ___ If yes, please explain:

If you answered yes to the above question, you will need to send a copy of your transcripts to the Massage Therapy Program at the Texas Department of State Health Services (TDSHS) and request an evaluation. Once you receive an evaluation from TDSHS, you will need to submit it to THAI. Please enter the date the transcripts were sent to TDSHS for evaluation. _____ (date)

Have you received a written evaluation of your coursework from the TDH? Yes ___ No ___

I understand transcripts of the coursework completed at the institutions listed above should be submitted to The School of Massage Therapy at Texas Healing Arts Institute. I also understand that if I present a coursework evaluation from TDSHS, that any coursework credit approved by TDSHS may reduce the length and cost of the 500-hour program at The School of Massage Therapy at Texas Healing Arts Institute.

We do not accept previous course work credit for the Clinic Massage Therapy Program.

Signature _____

Date _____

Please answer the following questions in COMPLETE sentences:

1. How did you learn about the massage therapy program offered at The School of Massage Therapy at Texas Healing Arts Institute?

Internet (How did you find us here?) _____

Word of mouth (Who told you about us?) _____

Yellow pages

Other _____

2. Please discuss previous training you have had in the health care field, including related certifications (Physical Therapy, Nursing, CPR, etc.)

3. Have you received any massages and/or bodywork? If yes, please describe the type of work and any outstanding experience.

4. Why have you chosen to pursue massage therapy training? If you are applying for a second semester program, explain your reasons for pursuing a second semester.

5. How will you support yourself while you are in massage school?

6. Do you have a history of any learning disabilities or academic problems that may present difficulties in your studies? Describe any condition that may require special accommodation.

7. Please describe your **academic** strengths and weakness.

8. Please discuss the character strengths, which you possess that you consider important in a massage therapist.

9. What do you think are the major challenges or obstacles that you will have to overcome to become a successful massage therapist?

10. Have you ever been convicted of a misdemeanor or felony crime? If yes, please describe.

11. Please discuss your health history. Include information about illnesses as well as information about exercise, meditation, yoga, etc.

Prospective students are advised to submit this application as soon as possible. Classes are limited in size, and enrollment will close when they are full. Please call the Institute's Admissions Office if you need additional information (512) 323-6042. Once submitted, the directors will review your application. If the directors approve your application, the next steps toward enrollment are to complete the Enrollment Agreement and to place a deposit on a class to reserve your space in the program.

Your signature below indicates the information on this application is true and accurate to the best of your knowledge.

Signature _____ Date _____