

Colorado Institute of Massage Therapy



Enrollment Application

Application Instructions: Please fill out this application as thoroughly as possible; sign and date. **Please have your most recent High School or College transcripts sent to CIMT and submit completed application with non-refundable \$75.00 application fee to:**

**Colorado Institute of Massage Therapy
1490 W. Fillmore St.
Colorado Springs, CO 80904**

Application Date _____

Program (check one) **Advanced Neuromuscular Massage Therapy Certification Program (850)**

Essential Therapy Certification Program (550)

Class (check one) Spring AM Winter PM Fall AM Summer PM

Personal Information

Social Security Number _____ Male Female Married Single

Full name

_____ Last Name First Name Middle Name

Mailing Address

_____ Street City State & zip code

Phone

_____ Home Cell Work

Email

Birth Date _____ Place of Birth _____
(mm/dd/yyyy) City State

High School Attended

_____ Name City State Graduation Date

College or Other Training Received:

_____ From _____ To _____ Degree/Certificate _____

Emergency Contact

Full name _____
Last Name First Name Middle Name

Mailing Address _____
Street City State & zip code

Phone Home _____ Cell _____ Work _____

Contact CIMT: Phone 719-634-7347 or toll free 888-634-7347 Fax 719-447-9198 Email info@coimt.com Web: www.coimt.com

This document is an addendum to CIMT catalog, Volume 22 Edition 1.0 dated 2007

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Colorado Institute of Massage Therapy



References (Please list two references other than family members)

Name	Address	Phone
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Name	Address	Phone
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Work Experience (Please indicate your most recent work/job experiences)

Name	Address	Phone	Title
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Name	Address	Phone	Title
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Name	Address	Phone	Title
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General Information

Do you have any physical or mental disabilities which may impair your ability to fully participate in all aspects of a Massage Therapy program? Yes or No (circle one)

If yes, please briefly explain _____

Have you ever been convicted of a felony?

Yes or No (circle one)

If yes, please briefly explain _____

Have you ever been expelled or denied acceptance to a massage therapy or bodywork school?

Yes or No (circle one)

If yes, please briefly explain _____

Do you currently have, or have you had any contagious disease in the past two years?

Yes or No (circle one)

If yes, please briefly explain _____

On a separate sheet of paper, please share with us your motivation for attending massage therapy training and your philosophy of health care. Also include any other considerations that you would like to share with us.

Applicants Signature/Date

Licensed Agent Signature/Date

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