



# Colorado Institute of Massage Therapy



## References (Please list two references other than family members)

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

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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.**

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Applicants Signature/Date

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Licensed Agent Signature/Date

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Contact CIMT: Phone 719-634-7347 or toll free 888-634-7347 Fax 719-447-9198 Email [info@coimt.com](mailto:info@coimt.com) Web: [www.coimt.com](http://www.coimt.com)

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Institution accredited by the Commission on Massage Therapy Accreditation (COMTA)