

Texas Healing Arts Institute

7001 Burnet Road
Austin, Texas 78757
323-6042 Administrative Office
323-6419 Fax
texashealingarts.com

Clinical Massage Therapy Program Application

Date _____

Full Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Work Phone** _____

Date of Birth _____ **LMT Number** _____

Email address: _____

Emergency Contacts:

Name _____ **Name** _____

Address _____ **Address** _____

City _____ **City** _____

Home Phone _____ **Home Phone** _____

Work Phone _____ **Work Phone** _____

Work History (Begin with your current occupation.)

Dates	Profession	Employer	Address	Job Description
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Academic History

Name	Location	Dates Attended	Major Field Degree
Massage Therapy and/or Bodywork Training			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School

College

Other Related Bodywork Training or Education

THAI does not accept any previous course work credit for the Clinical Massage Therapy Program.

Please answer the following questions in complete sentences. Attach additional pages if you require more space.

1. How did you learn about the Clinical Massage Therapy Program offered at Texas Healing Arts Institute? _____

2. Why have you chosen to pursue Clinical Massage Therapy training? _____

3. What do you plan to do with your training? _____

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

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

6. Are you a licensed massage therapist in the state of Texas? ____ Yes ____ No

7. How will you support yourself while you attend school? _____

8. Do you have a history of any learning disabilities or academic problems that have presented obstacles to learning in the past, or, may create difficulties for you in your CMT studies? Describe any condition that may require special accommodation and the accommodation you require. _____

9. Please describe your **academic** strengths and weakness. _____

10. Please discuss the **character** strengths, which you possess that you consider important in a body worker. _____

11. What do you think are the major challenges or obstacles that you will have to over come during your course of study? _____

12. Please discuss your health history. Include information about illnesses (physical and psychological) 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 classes are full. Please call the Institute's Admissions Office if you need additional information (512) 323-6042.

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

Signature _____ Date _____