



APPLICATION FORM  
**OREGON SCHOOL**  
*of* **MASSAGE**

For Office Use Only	
___	Date App Rcv'd
___	Copy of ID Rcv'd
___	Copy of Diploma Rcv'd
___	Insurance/ Proof
___	\$25 App Fee Rcv'd
___	Acceptance Pkt Sent
___	Entered in Data Base
___	\$100 Reg Fee Rcv'd
___	Reg on Rosters

PORTLAND AND SALEM LOCATIONS

*Please fill out both sides and submit with \$25 non-refundable application fee, copy of photo ID and copy of high school diploma, GED or equivalent. A registration fee of \$100 is due at time of class registration. Student insurance is also required and can be purchased at the cost of \$95 for 18 months or \$125 for 24 months. Please make checks payable to Oregon School of Massage.*

LEGAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: M F S.S.#: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

POSITION: \_\_\_\_\_

WHICH PRE-LICENSING PROGRAM ARE YOU ENROLLING IN?

- WESTERN       EASTERN       UNDECIDED

WHICH LOCATION WILL YOU BE PRIMARILY ATTENDING?     PORTLAND       SALEM

WHEN DO YOU PLAN ON STARTING THE PROGRAM?

- WINTER     SPRING     SUMMER     FALL    20\_\_\_\_\_

*Please use additional pages to fully answer all questions.*

1. **ESSAY:** Why would you like to become a massage therapist? Please attach a separate sheet (max. 1 page).  
 2. **EDUCATION:** Previous schooling: High School, college, university, vocational school, other; please indicate graduation date and major degrees awarded, if any. Please list all health science courses completed to date. \_\_\_\_\_

3. **TRAINING:** Please list all massage-related training to date (other forms of bodywork, psychology, helping professions, etc.). \_\_\_\_\_

4. How will you finance your training? \_\_\_\_\_

Are you planning to use VA benefits?  YES  NO      OSM loan program?    YES  NO

5. Do you have a support system in place that will allow you to fully participate in our program (i.e. daycare, flexible work schedule, family support)? Please describe. \_\_\_\_\_

6. Have you ever been arrested or convicted for any crime other than minor traffic violations?  YES  NO  
If yes, on a separate sheet of paper, list the date and place of your arrest and/or conviction, describe the offense for which you were arrested and the disposition of the charges, signed by yourself.

7. Do you have any psychological or educational disabilities or challenges that we need to be aware of? Please list below. (If you would like to discuss this with the Director of Education, please call.)

8. A primary component of OSM's curriculum requires the student to be able to both give and receive body-work. The following conditions may limit your ability. Please check any that apply to you, and be prepared to discuss them with the Director of Education.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Recent injury or illness | <input type="checkbox"/> Chronic illness/health problems  | <input type="checkbox"/> Contagious skin disorders     |
| <input type="checkbox"/> Recent surgery           | <input type="checkbox"/> Pregnancy                        | <input type="checkbox"/> Cancer or undiagnosed growths |
| <input type="checkbox"/> Chronic pain             | <input type="checkbox"/> High blood pressure              | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Joint problems           | <input type="checkbox"/> Other circulation problems _____ |  |

9. How did you first hear about our program? What attracted you to OSM?

10. What are your expectations from OSM and how can we support you?

11. **MASSAGE HISTORY:** OSM requires applicants to have received a minimum of one professional Swedish massage within the past year. Please describe the environment of the session and the techniques used by the massage therapist. Address your experience of the massage in terms of its effect on your body, state of mind and emotional response. (Attach additional pages if necessary.) Be prepared to discuss this massage in your Admissions interview.

1. DATE \_\_\_\_\_ TYPE OF MASSAGE \_\_\_\_\_  
DESCRIPTION OF MASSAGE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_