



APPLICATION FORM

OREGON SCHOOL of MASSAGE

| | |
|--------------------------|-----------------------|
| For Office Use Only | |
| <input type="checkbox"/> | Date App Rcv'd |
| <input type="checkbox"/> | Copy of ID Rcv'd |
| <input type="checkbox"/> | Copy of Diploma Rcv'd |
| <input type="checkbox"/> | Insurance/ Proof |
| <input type="checkbox"/> | \$25 App Fee Rcv'd |
| <input type="checkbox"/> | Acceptance Pkt Sent |
| <input type="checkbox"/> | Entered in Data Base |
| <input type="checkbox"/> | \$100 Reg Fee Rcv'd |
| <input type="checkbox"/> | 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. Students completing applications after the Tuesday before the term begins are charged a \$25 program registration late fee. Student insurance is also required and can be purchased at the cost of \$45 for 12 months or \$90 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: _____