



LIMITED ENROLLMENT APPLICATION FORM

OREGON SCHOOL of MASSAGE

PORTLAND AND SALEM LOCATIONS

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
\$25 Eval Fee Rcv'd
Acceptance Pkt Sent
Entered in Data Base
\$25 Reg Fee Rcv'd
Reg on Rosters

This application is for students who are taking no more than 2 Core prelicensing classes. Please complete 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 \$25 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:

CITY/STATE/ZIP: E-MAIL:

TELEPHONE: (Home) (Work)

EMERGENCY CONTACT: Phone:

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

CURRENT EMPLOYER:

EMPLOYER'S ADDRESS:

CITY/STATE/ZIP:

POSITION:

WHICH LOCATION WILL YOU BE PRIMARILY ATTENDING? PORTLAND SALEM

WHEN DO YOU PRIMARILY PLAN ON ATTENDING CLASSES? (You can attend classes at any time they are offered. This helps us determine scheduling needs.)

MORNING AFTERNOON EVENING NO PREFERENCE

Please use additional pages to fully answer all questions.

1. EXPERIENCE: Please list all previous experience with massage therapy.

2. CERTIFICATION: Please list all licenses and certifications that you hold. Please provide a copy of each.

3. Why do you want to attend Oregon School of Massage?

4. Do your transcripts need to be evaluated? YES NO If yes, please provide a copy, along with course descriptions. (There is a one-time evaluation fee of \$25.)

5. Do you have a letter from the Oregon State Board of Massage Therapists stating what you need in order to complete licensure? YES NO If so, please provide a copy.

6. What classes do you need to complete for licensing?

7. Do you have liability insurance? YES NO If so, please provide proof of insurance.

8. When are you planning on taking the Oregon Practical Exam? _____

SIGNATURE: _____