



**AIM** ASHLAND  
INSTITUTE OF  
MASSAGE  
*awareness, integrity, mastery*

# Professional Massage Program Application

PO Box 1233 | Ashland, OR 97520 | 541.482.5134

admissions@aimashland.com | [www.aimashland.com](http://www.aimashland.com)

**Date:** \_\_\_\_\_

FULL LEGAL NAME		PREFERRED NAME/NICKNAME		DATE OF BIRTH	
ADDRESS		CITY	STATE	ZIP	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE (HOME)			(CELL)		
EMAIL			FAX		
EMERGENCY CONTACT NAME		PHONE #		RELATIONSHIP	

## *I am applying for:*

- Full Massage Program: EVENING and some weekends (September–June 201\_\_)
- Full Massage Program: DAYS (January–June 201\_\_)

## *Work Experience (most recent first)*

EMPLOYER	CITY/STATE/ZIP	DATES	JOB DESCRIPTION
1. _____			
2. _____			
3. _____			

## *Education*

HIGH SCHOOL NAME	CITY/STATE/ZIP	DEGREE	YEAR
1. _____			
2. _____			
3. _____			

COLLEGE NAME	CITY/STATE/ZIP	DEGREE	YEAR
1. _____			
2. _____			
3. _____			



**Health Information**

This information will be kept strictly confidential except in the case of enrollment, when only appropriate information may be shared with faculty members. Clearly mark your responses and add details for any "Yes" answers, including dates. Use a separate piece of paper if more space is needed. The following conditions could impact giving and receiving massage. Please check any that apply.

*This information is kept separate from the academic records, secure from theft, and private.*

1. Are you currently receiving medical care, chiropractic care, or bodywork?  Yes  No

2. Have you ever had injuries due to accidents or sports?  Yes  No

3. Do you have a present or past history of (please check all that apply):

HIV/AIDS/ARC  Fainting  MRSA  Back/Neck Problems

Chronic Fatigue  Headaches  Rash/Skin Problems  Varicose Veins

Arthritis  Convulsion  Heart Disease  High/Low Blood Pressure

Asthma  Diabetes  Tumors: Malignant  Hepatitis

7. Have you ever had any other illness or condition that could affect your performance in school or as a massage therapist?

Yes  No If so, what? \_\_\_\_\_

8. Where did you first hear about our program?  Friend  AIM Student  Phonebook

Oregon Board of Massage  Advertisement in \_\_\_\_\_

Internet (website): \_\_\_\_\_  Other \_\_\_\_\_

**Application fee must be included: \$25**

*All information included with this application is complete and true to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE DATE

**FOR OFFICE USE ONLY: APPLICATION MATERIALS RECEIVED**

INITIALS \_\_\_\_\_

Application

\_\_\_\_\_  
DATE RECEIVED

Letters of Reference (2)

\_\_\_\_\_  
DATE RECEIVED

Application Fee

\_\_\_\_\_  
DATE RECEIVED

Photo

\_\_\_\_\_  
DATE RECEIVED

Handwritten Essay Responses

\_\_\_\_\_  
DATE RECEIVED

Official Transcripts

\_\_\_\_\_  
DATE RECEIVED

Health Statement

\_\_\_\_\_  
DATE RECEIVED

Driver's License or Government ID

\_\_\_\_\_  
DATE RECEIVED



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## ***Professional Massage Program Application: Supplemental Materials***

*For your application to be complete, you must submit the following documents:*

- Official, sealed transcripts from high school or any post-secondary educational institution you have attended
- Small current photo (2x3 inches)
- Copy of a driver's license or government ID (for verification purposes)
- Two (2) letters of reference, preferably one personal and one professional, that speak to your ability to be successful in this program and this career
- Completed Health Statement (provided by AIM) for student safety giving and receiving massage
- Handwritten essay responses to the following questions. Please be as candid and detailed as possible.
  1. What is your motivation for enrolling at AIM? Why do you want to be a massage therapist?
  2. Write a brief assessment of your academic strengths and weaknesses, including any learning challenges or diagnosed learning disabilities.
  3. What experiences and/or training do you have with massage or other health-related areas?
  4. How do you plan to pay for your tuition for massage school?
  5. What is your time management plan regarding your training as a massage therapist? Be specific in terms of your work and family responsibilities and how you can create time weekly for study and practice (15–20 hours for evening program, 20–30 hours for day program).
  6. Write a 1–2 page reflection on your relationship to touch. The following questions are examples of what you might ask yourself:
    - a. What experiences have I had with touch that makes it important to me?
    - b. What “negative” experiences have I had with touch?
    - c. What does touch mean to me?

***All completed documentation may be sent to:***

**ASHLAND INSTITUTE OF MASSAGE | PO BOX 1233 | ASHLAND, OR 97520**

*When the above documents have been completed and returned to AIM, we will schedule you for a 40-minute academic skills test with an enrollment interview to follow. This final step in your application process will take approximately 2 hours.*

***Thank you for applying to Ashland Institute of Massage!***