



Massage Therapy Institute, Inc

Alabama Board of Massage Therapy S-107
1408 5th Ave S.E., Suite 106 Decatur, AL. 35601 256/306-0444

APPLICATION FOR ADMISSION

Applicant's Name: _____ Date of application: _____

Preferred mailing address: _____

Street

City

State

Zip

Telephone: (Home) _____ (Business) _____

Date of birth: _____ Social security number: _____

Male: ____ Female: ____ Marital Status: _____

Do you have, or have you had, any health-related problems in the past 2 years? _____

If yes please explain: _____

Have you ever been convicted of a crime? ____ If yes please explain: _____

In case of emergency notify: _____ Phone: _____

EMPLOYMENT INFORMATION

Primary Employment Setting (if none, answer "Not Applicable")

Place of Employment: _____ Number of years: _____

Job Title: _____

Address (including Zip Code): _____

_____ Phone: _____

ACADEMIC RECORD

List all schools, instruction programs, colleges and universities attended and attach additional pages if necessary.

A. Name of instructional institution: _____
Location: _____
Dates attended: From (Mo/Yr) _____ to (Mo/Yr) _____
Type of Degree granted: _____
Major Field: _____

B. Name of instructional institution: _____
Location: _____
Dates attended: From (Mo/Yr) _____ to (Mo/Yr) _____
Type of Degree granted: _____
Major Field: _____

C. Name of instructional institution: _____
Location: _____
Dates attended: From (Mo/Yr) _____ to (Mo/Yr) _____
Type of Degree granted: _____
Major Field: _____

How did you hear about Massage Therapy Institute? _____

Please give us a brief explanation of your reasons for pursuing an education in massage therapy?

I have answered all questions and the information provided here is true.

Signature: _____ *Date:* _____