



AMOM Massage Program Application for Admission

AMOM is an inclusive school and does not discriminate on the basis of gender, race, religion, nationality, ethnic origin, sexual preference or disability.

Please print or type the information below.

PART A

First Name: _____ Last Name: _____

Birth Date: ___/___/___ SSN Number : _____

Driver's License or ID #: _____ State Issued: _____

Present Address: _____

Email: _____ Phone : _____

PART B

Are you a U.S. Citizen? _____ If not, your status in USA _____

Current Occupation: _____

Employer: _____ Employer's phone #: () _____

Emergency Contact (name & phone): _____

PART C

How did you hear about AMOM? If you were referred, please share by whom:

What program are you going to enroll: _____

Preferred start date for the Professional Massage Training Program: _____

Would you like classes during: _____

My tuition plan is:

Previous education/history with learning, beginning with high school. Please list academic degrees and other certificates, as well as any training or experience relevant to Bodywork, Massage Therapy, or other Health Related Services.

Dates	School/Course	Location	Degree/Certification

About You – We ask the following questions to enable us to provide the best learning environment for you.

1. What methods of learning do you believe work best for you? (Check more than one if applicable) Kinesthetic/Tactile/Hands- on Visual Auditory
2. Please write a brief assessment regarding your academic strengths and weaknesses.
3. This program requires physical participation and some strength. Do you have any limitations* (physical, emotional, mental) that would prohibit you from 100% participation? If yes, please explain:

**Medical Release may be required to participate in this program.*

4. Currently, or in the past, have you had learning challenges, problems with retaining information, or problems applying information? (This would include if you had an I.E.P. in school, or any special accommodations made in your learning environment. Please provide details:

Please list any past or present diagnosed medical conditions, psychological conditions, psycho-educational testing results and current medications. Please be thorough and complete with your responses. This information remains confidential per HIPAA and FERPA.

5. Medical diagnoses (past and present, including, but not limited to: cancer, blood clots, heart disease, diabetes, seizure disorders, pregnancy, injuries, skin conditions, etc.):

6. Medications, over-the-counter medications, supplements:

7. Psychological diagnoses and/or psycho-educational test results:

8. Are you aware of any ways the Institute for Massage Education can support your learning needs?

9. Have you ever received a professional massage? How was that experience for you?

10. Please describe what it is about becoming a Licensed Massage Therapist that interests you. Additionally, tell us why this is the obvious next step for you.

11. What qualities do you feel you possess that will assist you as a Licensed Massage Therapist?

12. Based on experience, students who've built a support network achieve the best school-life balance. What does your support network look like? *This could include transportation, childcare, finances, housing and communications with your workplace and family members.*

13. Overcoming obstacles, both unexpected and anticipated, is vital to your success as a student. Please share an experience where you've faced an obstacle, what you learned about yourself, and how to best face them in the future.

More Information

Have you ever been convicted of a felony? If yes, please provide details:

Have you ever been convicted of a CSC (Criminal Sexual Conduct)? If yes, please provide details:

I affirm that I have NEVER been convicted of a CSC (Criminal Sexual Conduct).

To the best of my knowledge, I have accurately and honestly answered the questions on this application.

Signature - Full Name

Date

I understand that while attending school and before obtaining my license, I cannot claim to be a professional massage therapist, nor accept compensation for massage services, in accordance with state law.

Signature (Full Name)

Date

AMOM Application: Revised 01/2024

Application Fee : \$75



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