



Healing Arts Institute LLC

Healing Arts Institute LLC Massage Therapy Program

Complete application in detail, sign, and return to
211 Demers Ave Ste 1, East Grand Forks, MN 56721

____/____/____ _____ _____ _____ _____
Date Name (Last) (First) (Middle) Male / Female
Gender

Address (Street) (City) (State) (Zip Code) Primary Phone #

Social Security Number ____/____/____ _____ _____
Birth Date Secondary Phone # Applicants Place of Birth?

How did you hear about this program? _____

Person to contact in case of emergency (Parent, Guardian, Etc.)

Name (Last) (First) (MI) Relation to you Primary Phone #

Address (Street) (City) (State) (Zip Code) Secondary Phone #

Personal Reference

Professional Reference

Name

Name

Address

Address

City State Zip Code

City State Zip Code

Primary Telephone Secondary Telephone

Primary Telephone Secondary Telephone

Have you ever been convicted of a crime? (Do not include minor traffic violations) _____

If "Yes" Please explain: _____

Have you had any contagious diseases in the last two years? _____

If "Yes" Please explain: _____

Name of high school from which graduated or are you currently attending

Graduation Date

Address (Street)

(City)

(State)

(Zip Code)

If applicant's high school records were maintained under a name other than listed on front, state name used in high school.

Name of School

Attended from/to

Degree of Certification

Name of School

Attended from/to

Degree of Certification

Please list any previous experience in the health related field: (Please be concise and use additional paper if needed)

Why do you want to become a massage therapist?

After completing this application, I have re-read it and state that all questions have been answered and all information is true.

Applicant's Signature

Date

Do not write below this line

Application Reviewed by

Date

Accepted by

Date

Comments: