



**Application for Admission:  
*Massage Therapy Program***

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Educational Background:**

	Name	City/State	Dates Attended	Area of Emphasis
High School				
Some College				
Associate's Degree				
B.A./B.S.				
M.A./M.S.				
Other Degrees				

Please list relevant courses you have taken, or certifications you have earned. Use a separate sheet if you need additional space.

Course/Certification	Year(s)

**ESSAY QUESTION:**

Please write an essay explaining your reasons for taking a program in the healing arts of therapeutic massage and bodywork. Use a separate sheet.

**Medical Certification:**

I, \_\_\_\_\_, certify that I am free from any medical conditions that would prevent my provision of massage therapy. These include contagious diseases, skin conditions, TB, musculoskeletal restrictions and any other condition that would impede the delivery of massage therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following:

Personal Reference Form (Non-relative)

Enclose \$50 application fee

Attach copy of high school diploma or transcript

I certify that the above statements are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Cedar Stone School of Massage  
1832 South Main Street  
Harrisonburg, VA 22801



**Personal Reference Form**

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

What is your relationship with this applicant? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

*This applicant has applied to attend our professional massage therapy program. We ask for your thoughtful evaluation of this applicant's ability to successfully complete this program. Thank you for your time and effort in completing this form.*

Describe this applicant's communication skills. \_\_\_\_\_

\_\_\_\_\_

Describe this applicant's ability to work with others. \_\_\_\_\_

\_\_\_\_\_

Would you recommend this person for massage therapy? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional comments (please use the reverse side if needed)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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Harrisonburg, VA 22801