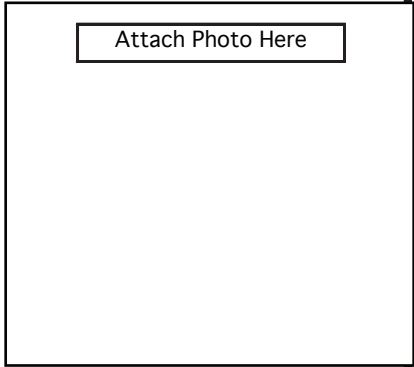


**MountainHeart School of Bodywork & Transformational Therapy**  
 P.O. Box 575, Crested Butte, CO 81224  
 800-673-0539, 970-349-0473, school@mountainheart.org, www.mountainheart.org  
 REMEMBER to Enroll Early for your DISCOUNT ! (See catalog for details)  
 Application For Admission (Fill out completely please.)



**Applying To Begin**

Beginning Date: \_\_\_\_\_

850 Hr. CMT Program      \_\_\_\_\_ 6-Month Summer \_\_\_\_\_  
 1000 Hr. CMT Program    \_\_\_\_\_ 6-Month Winter      \_\_\_\_\_  
 Other Program(s)         \_\_\_\_\_

**Your Information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ SS# \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Driver's \_\_\_\_\_ Male / Female  
 Home Phone: \_\_\_\_\_ License # \_\_\_\_\_  
 E-mail: \_\_\_\_\_ & State \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Citizenship**

U.S.: Yes No  
 Country: \_\_\_\_\_ Visa Issued By: \_\_\_\_\_ Type: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #(s): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Your Education**

|             | Name  | Location | Dates | Certificate/Degree/Major |
|-------------|-------|----------|-------|--------------------------|
| High School | _____ | _____    | _____ | _____                    |
| College     | _____ | _____    | _____ | _____                    |
| Other       | _____ | _____    | _____ | _____                    |
| Other       | _____ | _____    | _____ | _____                    |
| Other       | _____ | _____    | _____ | _____                    |

**Your Employment / Occupation**

Current: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Previous: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Previous: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Your References**

List 2 non-family references

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Some Questions

Have you ever been convicted of a felony or arrested for any sexual offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

Have you been treated or involved in substance abuse in the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

Have you been denied acceptance into or expelled from a massage therapy school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date, school, and reason for denial.

Do you have any medical, physical, or psychological conditions that may inhibit your ability to perform or receive massage treatments? If Yes, please explain: Yes \_\_\_\_\_ No \_\_\_\_\_

How Were You Referred To Us?

|                            |              |             |
|----------------------------|--------------|-------------|
| _____ Magazine / Newspaper | Name: _____  | Date: _____ |
| _____ Internet             | Where: _____ | Date: _____ |
| _____ Word of Mouth        | Name: _____  | Date: _____ |
| _____ Phone Book / Other   | Name: _____  | Date: _____ |

Please Comment On The Following: (attach additional pages if needed)

List any previous training you have had in the healing modalities.

\_\_\_\_\_ What is your philosophy of healing?

\_\_\_\_\_ What motivates you most to seek a career in massage therapy?

\_\_\_\_\_ Why would you be a good massage therapist/bodyworker/transformational therapist?

\_\_\_\_\_ What will being a massage therapist/bodyworker/transformational therapist do for you?

\_\_\_\_\_ Describe your vision of your bodywork practice.

Explain your current level of ability to: (attach additional pages if needed)

Be honest with yourself about your feelings and actions.

\_\_\_\_\_ Accept criticism & give honest feedback.

\_\_\_\_\_ Make changes in your behavior to become more professional.

\_\_\_\_\_ Listen and be nonjudgmental.

\_\_\_\_\_ Be enthusiastic.

\_\_\_\_\_ Be self-empowered and response-able.

Include:

\$50.00 Application Fee (refundable if you're not accepted or you withdraw within 3 days of acceptance)  
(Good for 1 year.)

1 Picture of you.

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