NEW HAMPSHIRE INSTITUTE FOR THERAPEUTIC ARTS

School of Massage Therapy

153 LOWELL ROAD
HUDSON, NEW HAMPSHIRE 03051
603 882 3022

PO BOX 594
HARRISON, MAINE 04040
207 583 2477

Application For Admission

Name _____ Date _____

Home Address _____

Mailing Address _____

Home Phone _____ Work Phone _____ E Mail _____

Date Of Birth _____ Soc. Sec. # _____ Gender ID _____

Present Occupation _____

Description Of Work And Employment Background _____

_____

_____

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_____

Educational Background And/Or Degrees Held* _____

_____

Personal Interests _____

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Please State Your Motivation And Interest In Studying Massage Therapy _____

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Signature _____ Date _____

Applications for Autumn Program must be submitted by August 1 and for Winter program by December 1.
Please indicate which program you are applying for: ❑ September ❑ January
The application fee is $35., and a check or money order for that amount must accompany this form.

*Please send official transcript(s), diploma(s), and/or certification(s).

Application fee received _____
Date _____
Administrator initials _____

Medical History

Please complete the following form, indicating any conditions you now have or have had in the past.

❑ High Blood Pressure	❑ Bruise Easily	❑ Epilepsy
❑ Low Blood Pressure	❑ Joint Pain	❑ Headaches
❑ Diabetes	❑ Hemophilia	❑ Immune Disorder
❑ Heart Disease	❑ Seizures	❑ Arthritis

Do You Have Any Musculoskeletal Problems?

❑ Yes ❑ No

Please Specify _____

Vertebral/Disc Problems? _____

Are Any Of These Conditions Exacerbated By Any Particular Movements? _____

_____

_____

Have You Had Any Surgeries? ❑ Yes ❑ No

Please Specify _____

Are There Any Other Injuries Or Illnesses We Should Be Aware Of? _____

_____

Please List Any Medications You Take Regularly:_____

_____

The above information is confidential and is maintained as part of student file.

To the best of my knowledge I have provided an accurate health history:

Signature_____Date_____

Application Instructions:

- Application submission should be accompanied by a $35.00 application fee and proof of high school graduation (official transcript, diploma or certification evidencing minimum H.S. education or other advanced degree).
- Your completed application may be sent to the school location you are planning to attend.The address of each school is provided at the top of the application.
- Please remember to check the box for the program you are applying for: either September or January.
- We look forward to receiving and reviewing your application.