

# NEW HAMPSHIRE INSTITUTE FOR THERAPEUTIC ARTS

*School of Massage Therapy*

48 BRIDGE STREET, BOX 6  
NASHUA, NEW HAMPSHIRE 03060  
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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATIONAL BACKGROUND AND/OR DEGREES HELD\* \_\_\_\_\_

\_\_\_\_\_

PERSONAL INTERESTS \_\_\_\_\_

\_\_\_\_\_

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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> BRUISE EASILY | <input type="checkbox"/> EPILEPSY        |
| <input type="checkbox"/> LOW BLOOD PRESSURE  | <input type="checkbox"/> JOINT PAIN    | <input type="checkbox"/> HEADACHES       |
| <input type="checkbox"/> DIABETES            | <input type="checkbox"/> HEMOPHILIA    | <input type="checkbox"/> IMMUNE DISORDER |
| <input type="checkbox"/> HEART DISEASE       | <input type="checkbox"/> SEIZURES      | <input type="checkbox"/> 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.