



Application for Admission

Certified Massage Therapist Program

PLEASE PRINT

Name _____ Maiden _____

Address _____ Male _____ Female _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

E-Mail _____ Best time to call _____

Date of Birth _____ SS# _____ US Citizen? Y / N

Emergency Contact _____ Relationship _____

Emergency Phone _____ Will you require childcare? Y / N

Have you ever been convicted of a crime? Y / N

If yes, please explain _____

I hereby authorize GMSM to secure personal, criminal, and credit background checks. _____
Please initial

Please submit two letters of personal reference from people you have known at least one year. (Do not include family members)

1st Reference

2nd Reference

Name _____ Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip _____ Zip _____

	* Name and address of school	Dates attended	Diploma Earned or date anticipated
High School			
College			
Other			

*** Please have each institution submit official transcripts to GSM**

Program: Choose one

Distance Learning Program _____
Start Date

Full Time Day Program _____
Start Date

Part Time Program _____
Start Date

Application Checklist

- Completed application
- \$100 non-refundable application fee
- Copy of driver's license
- Certificate of health from your physician
- Two letters of reference
- High school or GED transcripts
- Receipt or letter from a CMT stating that you have received a professional massage.
(GSM student clinic may be used as a substitute)
- A short essay stating why you wish to be a massage therapist; any experience you have in the massage or health field; how you currently care for yourself in Mind. Body. Spirit.

Credit Card Payments (Visa, MC, Discover)

Card type _____ Number _____

Expiration Date _____

How to Apply or Contact GSM

By mail: 1001 Riverside Drive,
 Gainesville, GA 30501

By fax: 678-450-0111

Online: www.GSMhome.com

In person: 678-450-6655 (by appointment)

I certify that the information enclosed is true. I understand that any information given will be held in the strictest of confidence. By signing this document I agree to abide by the policies put forth by Georgia Mountains School of Massage. I understand that I will be participating in a program that is focused on touch therapy which will require that I give and receive massage. GSM takes every precaution for the safety of its students; however GSM cannot assume any responsibility for personal, medical, or other conditions/problems, of any individual in the program.

Signature _____ **Date** _____

For Official use only

Date of interview _____	Interviewer _____
Accept _____ Hold _____	Comments _____