

Name _____

PLEASE ANSWER THE FOLLOWING (If additional space is needed, please attach to this form)

1. Have you ever received a massage? _____ Yes No
2. List any previous training or experience relevant to Bodywork, Massage Therapy or other Health Related Services.
3. Please write a brief assessment regarding academic strengths and weaknesses.
4. Explain your philosophy of wellness and the healing process.

Please list any past or present diagnosed medical conditions, psychological conditions, psycho-educational testing results and current medications. Please be thorough and complete with your responses. This information remains confidential per HIPAA and FERPA.

5. Medical diagnoses (past and present examples including but not limited to: cancer, blood clots, heart disease, diabetes, seizure disorders, pregnancy, injuries, skin conditions etc):
6. Medications, over the counter medications, supplements:
7. Psychological diagnoses and /or psycho-educational test results:

7655 W. Mississippi, Suite 300 / Lakewood, CO 80226 / (303) 986-2320

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ON A SEPARATE SHEET OF PAPER: Please answer the following 3 questions as they relate to your willingness to grow emotionally, academically, and professionally.

8. Resilience is the ability to succeed in challenging situations and to take responsibility for your part in it. Since resilience affects a student's ability to be successful in school, please tell us about some of the setbacks you have experienced in your life and what you learned from those challenges.
9. Successful students find ways of balancing work, school, family and friends. What support systems have you created for yourself that will allow you to make the commitment necessary to go to school? This could include transportation, childcare, finances, housing and communications with your workplace and family members.
10. Explain how this program or continuing education course is an obvious next step for you.

Colorado has a mandatory practice act, which means you cannot practice as a Massage Therapist in this state without a Colorado license. To become eligible for the Colorado State Massage Therapy License the following must be completed:

- Successful completion of a state approved Massage Therapy program.
- Fingerprint / Background check.
- Successful passage of the MBLEx.
- Current professional liability insurance.
- Successful completion of the Colorado State Massage Therapy License application.

Please note that any of the following *may* result in delays, conditions, or possible denials for your Colorado Massage license. Being transparent with CSHA allows us to support you with information you need to make your career possible!

- Any arrest, misdemeanors, felonies, a sexual offense, jail time.
- Any disciplinary action in a workplace, academic or professional organization for behavior indicating a concern in your ability to practice in a safe, competent, ethical and/or professional manner
- A record of excessive use of a habit forming drug or alcohol.
- Any disciplinary action against a massage license, health care license or loss/suspension of any license anywhere.

11. Have you ever been arrested for a misdemeanor, felony, or any sexual offenses? ____ Yes ____ No

If yes, please explain: _____

12. Have you been treated for substance abuse in the last 5 years? ____ Yes ____ No

If yes, please explain: _____

13. Any disciplinary actions? ____ Yes ____ No

If yes, please explain: _____

Please attach the following with your application:

- Copy of High School Diploma, Transcript, or GED with this application (required for all programs & courses).
- Copy of photo ID (listed on page 1, copies can be made at CSHA)
- Answers to Questions 8-10 (on a separate sheet of paper)
- If transferring any classes, official school transcript from accredited institution.
- A \$50.00 application fee is due at the time of enrollment.

Thank you for choosing CSHA for your educational goals!

I agree that the information listed above, as part of this school application is accurate and complete to the best of my knowledge.

Signature _____ Date _____

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