

American University of Healing Arts - Admission Application

Name:		Date:
Address:	City:	State/Country: Zip/Mail Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Social Security Number:	Driver's License Number:	Birth Date:
Country of Citizenship: Primary Language:		
Emergency Contact and Phone Number:		
Which session are you wanting to enter?		

Educational History

High School & Loca

	De

Employment History (Current & Last Two Jobs)

Place & Location	Position		

Questions (attach additional sheet if needed)

How did you hear about us?

Please list any training in anatomy/physiology or bodywork.

Have you ever been convicted of a felony (other than traffic offenses)? If so, please explain.

Do you have any disabilities? If so, please describe.

How much massage have you given and to whom? Please describe your experience.

How much massage have you received? Please describe your experiences.

In your opinion, what would be the benefits of receiving massage on a regular basis?

What are the characteristics of an effective massage therapist?

What are your personal goals in taking this training?

Please read the following paragraphs, sign and date. American University of Healing Arts does not teach or permit sexual massage or massage with sexual overtones. As a vital part of your education, you will be giving and receiving massage during class time. This involves removal of clothing. American University of Healing Arts teaches and enforces appropriate professional draping for privacy and provides dressing areas.

I understand and agree to participate, if accepted, according to the above guidelines. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein including criminal and financial investigations and authorize the references listed above to give the American University of Healing Arts any and all information concerning any pertinent information they may have, personal or otherwise, and release all parties for all liability for any damage that may result from information furnished to the Academy.

Signature:

Date:

We welcome the opportunity to answer any questions you may have while working on this application.

Please call us at (501) 666-9100 or toll-free 1-888-666-9101.

Print the form, fill it out, then mail or deliver this application, along with the application fee, to:

**American University of Healing Arts
8201 Cantrell Road Suite 350
Little Rock, Arkansas, 72227**

The rest of your application materials are due on the registration deadline for your class.

Please note we cannot reserve you a space in the class of your choice without the \$100 application fee.