



SCHOOL OF MASSAGE THERAPY
Pavilion in the Park
8201 Cantrell Road
Suite 350
Little Rock, AR 72227
(501) 666-9100
FAX (501) 227-7758

Dear Physician of _____:
(Student's Name)

In order for the American University of Healing Arts School of Massage to maintain the highest quality of professionalism, we require each student to obtain a statement from a physician approving enrollment.

Please send us a statement on your letterhead that your patient is free from any physical (contagious, infectious, communicable diseases), mental or emotional problems that would preclude him or her from entering course work to become a licensed massage therapist.

Thank you.

Sincerely,

A handwritten signature in black ink that reads 'Martha Kimbrough' in a cursive script.

Martha J. Kimbrough, MTI
Director