MASSAGE TRAINING INSTITUTE Application (There is no application fee)

Date Last Name Mailing Address		me	First Name		Middle Name	Birth Date Phone #
		City		State	Zip Code	
Social Secur	rity#	Gender (M	I or F)	Occupation		Email Address
In Case O	of Emerg	ency, Ple	ease Coi	ntact:		
Last Name	First Na	ame Rel	lationship	to Student	Street City	Zip Phone #
How Did	You Hea	r About (Our Sch	100l?		
What trai	ining sess	ress City State Zip Code Phone # ty # Gender (M or F) Occupation Email Address f Emergency, Please Contact: First Name Relationship to Student Street City Zip Phone # You Hear About Our School? Ining session would you like to attend? Fall Class Kalispell				
Education	n:					
Name of Hi	gh School	City	State	Date	es Attended	Date Graduated
Name Reco	rded on Tra	anscript (if	Differen	t From Applic	ation)	
Name of Un	niversity or	College	City Sta	nte Date	es Attended	Date Graduated
Name Recor	rded on Tra	anscript (if	Differen	t From Applic	ation) Degre	ee or Certification

Personal Legal Information:

Please be aware that if you answer yes to any question below, your ability to obtain a
License to practice massage in the State of Montana or elsewhere may be impeded or
prohibited.

Have you ever been convicted of, or entered a plea of guilty, or no contest to, a crime in any jurisdiction other than a minor traffic offense? (This includes misdemeanors, felonies, and withheld adjudications. Driving under the influence or driving while impaired is NOT a minor traffic offense for purposes of this question.)

YES

NO

In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?

YES

NO

In the last 5 years have you been treated for or had a recurrence of a diagnosed mental disorder or impairment?

YES

NO

In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder?

YES

NO

Please Include The Following Materials With This Application:

- 1. A copy of your Drivers License
- 2. A copy of your High School Diploma, GED, or college transcripts
- 3. A brief biographical sketch explaining your motivation for training in massage.

Please Mail This Application To:

Massage Training Institute Attn: Michael Eayrs 1500 Airport Rd. Kalispell, Montana 59901