

TOUCHING AMERICA
of LITTLE ROCK

hot springs
school of
massage

a clinic &
school of
massage
and muscle
therapy

3000 Kavanaugh
Suite A
Hillcrest Square
Building
Little Rock, AR
72205

501-663-3353
800-844-0667
FAX
501-663-3357

Touching America does not discriminate on the basis of race, color, gender, age, national or ethnic origin, or sexual orientation.

APPLICATION FOR ADMISSION TO TOUCHING AMERICA'S SCHOOL OF MASSAGE & BODYWORK

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ work home cell EVENING PHONE: _____ work home cell

EMAIL ADDRESS: _____

BIRTHDATE: _____ BIRTHPLACE: _____

SOCIAL SECURITY NUMBER: _____

YOUR PRESENT OCCUPATION: _____

YOUR PRESENT EMPLOYER: _____

WHO REFERRED YOU TO TOUCHING AMERICA: _____

IF NOT REFERRED, HOW DID YOU FIND OUT ABOUT US:

Friend Massage Therapist Newspaper Yellow Pages Internet

ARE YOU A CITIZEN OF THE UNITED STATES: Yes No

HAVE YOU EVER BEEN LICENSED TO PRACTICE MASSAGE IN ANOTHER STATE? _____

IF "YES", PLEASE EXPLAIN: _____

DO YOU HAVE ANY ALLERGIES? _____

DO YOU KNOW ANYONE WHO IS A MASSAGE THERAPIST? IF SO, WHO:

WHAT IS YOUR CAREER GOAL AFTER YOU OBTAIN YOUR LICENSE?

PLAN TO WORK PART-TIME PLAN TO WORK FULL-TIME

SELF-GROWTH AND AWARENESS ARE BOTH IMPORTANT PARTS OF OUR PROGRAM.

HOW IMPORTANT ARE THEY TO YOU: _____

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED:

NAME: _____ LOCATION: _____

DATES ATTENDED: _____

NAME: _____ LOCATION: _____

DATES ATTENDED: _____

Note: In order to take the State Boards, you will need a copy of your high school diploma or GED, or a copy of a college

NAME AND ADDRESS OF COLLEGE OR TRADE SCHOOL ATTENDED:

NAME: _____ LOCATION: _____

DATES ATTENDED: _____

NAME: _____ LOCATION: _____

DATES ATTENDED: _____

NAME, ADDRESS, AND PROFESSION OF 3 CHARACTER WITNESSES:

1. _____

2. _____

3. _____

CLASS SELECTION

I PLAN TO ATTEND THE TERM BEGINNING _____ Evening Day

RETURNING THIS APPLICATION

A \$100 NON-REFUNDABLE FEE IS DUE WITH THIS APPLICATION. \$100 WILL BE APPLIED TO YOUR TUITION BALANCE. IF PAYING BY CHECK OR MONEY ORDER, SEND TO THE FOLLOWING ADDRESS:

*Touching America - Hot Springs School of Massage & Bodywork
3000 Kavanaugh, Suite A
Little Rock, AR 72205*

TO PAY BY CREDIT CARD, FILL IN THE INFORMATION BELOW. EITHER MAIL TO OUR OFFICE, OR FAX TO 501-663-3357.

Card Number _____ Expir Date _____ Amt to Charge \$ _____

Zip Code of Billing Address _____ Authorization Signature _____

CERTIFICATION

FROM ARKANSAS LAW, THE ARKANSAS STATE BOARD OF MASSAGE THERAPY HAS AUTHORITY TO RESTRICT LICENSES GIVEN TO THOSE CONVICTED OF FELONY CHARGES. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONED OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY?

YES NO IF "YES", PLEASE EXPLAIN:

I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I ALSO AGREE TO THE SCHEDULE OF PAYMENTS TO TOUCHING AMERICA. ANY DEFAULT IN PAYMENT WILL DISQUALIFY ME FROM ATTENDING CLASS SESSIONS UNLESS DISCUSSED WITH THE INSTRUCTOR PRIOR TO PAYMENT DATE.

SIGNATURE OF APPLICANT **DATE** **WITNESS**