



**Body In Mind Massage Institute**  
**Phoenix Wellness Institute, LLC**  
1837 Hooper Ave, Toms River, NJ 08753  
732-608-7781  
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[www.BodyInMindInstitute.com](http://www.BodyInMindInstitute.com)

**STUDENT APPLICATION**  
**600 Hour Massage Therapy Certification Program**

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
FaceBook: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Session you wish to attend:**

- Day Class: Date \_\_\_\_\_ M, T & W 9am - 5pm and 100 Hours of Student Clinic during the six-month program, including two weekends each month
- Night Class: Date \_\_\_\_\_ M, T & W 6pm - 10pm and 100 Hours of Student Clinic during the ten-month program, including one weekend each month

**Education/Training Information:**

High School from which you graduated/earned GED: \_\_\_\_\_  
City and State: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
College or Other Training Completed:  
Name of School/College: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Degree/Certification: \_\_\_\_\_

**Employment Information:**

Current (or last) Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

**Personal References:** (two references other than family)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

**Health Information:**

Information will be kept confidential. Body In Mind Massage Institute does not discriminate based on age, gender, race, religion or disabilities.

- High Blood Pressure
- Chronic Back Pain
- Diabetes
- Osteoporosis
- Arthritis
- Varicose Veins
- Circulatory problems
- Allergies-Food/Latex
- Epilepsy
- Are you pregnant? If so, how many months? \_\_\_\_\_
- Have you had any contagious disease within the last two (2) years? \_\_\_\_\_
- Are you under care for any other physical or mental condition? \_\_\_\_\_
- To insure your success during your education, please let us know about any challenges in learning comprehension or study skills? \_\_\_\_\_
- None of the above

How did you find out about our school? \_\_\_\_\_

To complete the application process, you will need to provide the following:

- A copy of your Driver's License or Valid Legal Photo Id
- A copy of your High School Diploma or GED (may be sent after application)
- A \$100.00 non-refundable Application/Registration fee for this particular program
- An interview with the Director of the school
- A 500-word Essay on why you want to become a massage therapist

By signing below, you understand and attest that all the information provided is accurate and truthful to the best of your knowledge. Any falsification or withholding of pertinent information may result in the rejection of application or dismissal from the program. Please note that class size is limited and submission of this application does not guarantee placement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_