

UNIVERSITY OF NEW MEXICO-TAOS

APPLICATION FOR INTEGRATIVE  
MASSAGE THERAPY PROGRAM

**Applicant Information:**

First Name: _____	Last Name: _____
Mailing Address: _____ City: _____ State _____ Zip Code _____	
Physical Address: _____ City: _____ State _____ Zip Code _____	
Phone: _____ Work Phone: _____	E-Mail: _____
Date of Birth (MM/DD/YY): _____	Age: _____
Social Security Number: _____	Occupation: _____

Are you a US citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. Do not include traffic violations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Education:**

High School Name and Address:

\_\_\_\_\_

Dates Attended: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

If not a High School Graduate, did you obtain a GED? Yes or No

If yes, date GED completed: \_\_\_\_\_

College Name and Address:

\_\_\_\_\_

\_\_\_\_\_

Dates Attended: \_\_\_\_\_ Date Graduated \_\_\_\_\_

Degree Earned:

\_\_\_\_\_

Other Colleges or Vocational Schools attended and degrees or certificates received:

Name and Address:

\_\_\_\_\_

\_\_\_\_\_

Dates Attended: \_\_\_\_\_ Date Graduated \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**Student Loans:**

Did you receive Financial Aid: Pell Grant \_\_\_\_\_ Loans: \_\_\_\_\_

Are you in default on a student loan? \_\_\_\_\_

**Employment:**

Current Employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

Position:

Dates of Employment:

\_\_\_\_\_

Last Five Years of Employment: #of years: Position Held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**Signature:**

I have completed all questions to the best of my knowledge and I state that the information given here is true and correct. The practice of massage therapy is a demanding profession, and I verify that I have considered my health and my ability to complete a program in massage therapy at the Academy of Massage Therapy, and will not hold UNM liable for any pre-existing conditions that may limit my ability to perform massage. I have answered the medical question to the best of my knowledge and I state that the information give here is true and correct. I understand that all times, dates, curriculum and prices are subject to revision, and that I am not considered registered until I have signed an enrollment agreement.

Print Full Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

All applicants must have an interview with the Program Coordinator. We are happy to offer those applicants at a great distance phone interviews. To schedule an interview, please call (505) 770-1274.

**Please review statements of understanding about the massage therapy program and sign at the bottom:**

**Licensure requirements**

General state and/or local licensing requirements for Massage Therapy requires that an applicant possess good moral character and to report any prior criminal convictions. Any massage therapy student or graduate who has a prior criminal conviction may experience limitations and/or denial of employment opportunities, professional licensure, and/or externships due to previous criminal records and required background checks. The student is responsible for inquiring about employment and licensure or registration in any other state he/she may choose to practice. Massage Therapy licensing is handled differently in each state. Frequently, in states without a licensing requirement, the practice of massage therapy is regulated through the business licensing bureaus or other licensing bureaus of municipalities. UNM-Taos encourages potential students to investigate the details of licensure laws in the state(s) and/or municipalities where they would like to practice. Admission specialists can supply state licensing requirements.

By signing below, I acknowledge that I have read and understand the licensure requirements for this field of study.

**Health Requirements for a Successful Career and Medical Concerns**

Massage therapy is a demanding profession. Students of massage therapy must be in good physical health, emotionally mature, have the intellectual capacity to

study and comprehend basic anatomy, physiology and pathology, to possess critical thinking skills, and to exhibit excellent hygiene.

To ensure success in the program, the physical requirements for students of massage therapy require stable and healthy joints, especially in the hands, wrists and shoulders; the ability to be on their feet for at least five (5) hours; and the ability to lift and move a 30 pound massage table. Licensing in some states require that students test negative on a TB test.

All students will work with both male and female students and clinic clients. Massage therapy is received unclothed with proper draping. Emotional health and maturity are strongly recommended for students to participate in this learning experience. Touch has been known to trigger emotional responses in some people and while this is not considered abnormal, students should have the maturity to deal with this response.

In some instances a medical authorization from a physician may be required for admission consideration. All medical concerns and questions should be directed to the Program Coordinator.

By signing below, I acknowledge that I have read and understand the health requirements for this field of study.

**Self Employment Acknowledgment**

Self employment is a common vocational objective or outcome of our programs. Career Services and placement services are available to all students upon graduation. By signing below, I acknowledge that I may be self employed in my chosen field.

The information that I have provided is true and correct to the best of my knowledge and I have read and understand the above disclosures. I wish to have my application for admission considered by UNM-Taos.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_