



405 SE Bishop Blvd., Suite 102, Pullman, WA 99163
(509) 334-3444

We thank you for your interest in attending the Altura College's Professional Massage Program and working towards your new profession as a Massage Therapist.

Please take your time filling out the application. Answer all questions fully and honestly. You may use additional pages as needed. Please print clearly or type.

Please use this checklist to ensure your application is complete before submitting:

- I have ordered the required transcript.
- A personal letter of recommendation has been sent.
- A professional letter of recommendation has been sent.
- I have received at least three professional massages.
- I have included a check for \$120.00 made payable to Altura College.
- I have included a passport-type photo.
- I have completed all the questions on this application.
- Attachments are labeled clearly.

Please read and sign:

I understand that my application will not be processed until the above checklist is complete.

When Altura College considers my application to be complete, I will be contacted for an in-person interview with the school faculty.

The information on this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

If you have any questions you may call us at
(509) 334-3444 or by Email at admissions@alturacollege.com



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ADMISSIONS APPLICATION and REGISTRATION

Check one:

**750-Hour Tuesday/Thursday
Professional Massage Therapy
Licensing Program**

March 26, 2019– December 19, 2019

**750-Hour Monday/Wednesday
Professional Massage Therapy
Licensing Program**

September 23, 2019 – June 17, 2020



Any information disclosed in this application is strictly confidential.

Basic Information

Full Name _____ Birth Date _____ Gender _____

Address _____ City _____

State/Province _____ Zip Code _____ Country _____

Telephone _____ (day) _____ (evening) _____ (cell)

Email Address _____ SS# _____

Driver's License State _____ Number _____ Citizenship _____

Marital Status: single married Disability: yes no

U.S. Veteran: no yes-> active discharged dependent

Race (Veterans **do not** answer): Black, Non-Hispanic White, Non-Hispanic

American Indian or Alaskan Native Hispanic Asian or Pacific Islander

Other:

Emergency Contact

Name _____ Relationship _____
Address _____ City _____
State/Province _____ Zip Code _____ Country _____
Telephone _____ (day) _____ (evening) _____ (cell)

How did you hear about the Altura College Massage Program?

Level of Education

Please circle the highest level completed.

GED High School: 9 10 11 12 College: 1 2 3 4 5 6 7 8

Name, Locations, Dates Attended, Degree Received

High School: _____

Professional/Vocational School: _____

College: _____

Areas of Study: _____

Additional Educational Experiences or Accomplishments:

Have you ever been dismissed from a school? _____

If yes, please explain: _____

Employment History

Please include the past three years of employment. Use additional paper if necessary.

Current or most recent employer: _____

Start date: _____ End date: _____ Reason for leaving: _____

Employer's Name: _____

Address: _____

Phone: _____

Previous Employer: _____

Start date: _____ End date: _____ Reason for leaving: _____

Employer's Name: _____

Address: _____

Phone: _____

Previous Employer: _____

Start date: _____ End date: _____ Reason for leaving: _____

Employer's Name: _____

Address: _____

Phone: _____

Use additional paper if necessary to answer the following questions and answer as honestly as possible. Remember, we want to know how best to work with you:

Do you have any conditions (medical, physical, or psychological) which may influence your ability to complete your training or your effectiveness as a massage practitioner? Please keep in mind any surgeries, injuries, diseases, chronic fatigue syndrome, fibromyalgia, abuse issues, PTSD, etc. _____

Have you ever been treated for any mental or physical conditions, including substance abuse? If yes, please explain. _____

Are you currently taking any medications? If so, please list. _____

Have you ever been convicted of a felony or misdemeanor other than traffic offenses? If so, please explain. _____

Personal References

References should be individuals whom you've known for three years and who are not family members.

Personal Reference _____ Relationship _____

Address _____

Phone _____

Personal Reference _____ Relationship _____

Address _____

Phone _____

Business Reference _____ Relationship _____

Address _____

Phone _____

Written Interview- Please answer these questions on a separate sheet of paper.

A casual tone is fine. Take your time and answer thoroughly.

1. What is your motivation for enrolling in Altura College's Massage Program? Please include short term, long term, personal, and professional goals.
2. Describe how you will manage your schedule to allow for success in your massage education. There is usually one hour of "out of class" work for every one hour of instruction and you will be required to give practice sessions outside of school hours. Tell us how you will be adjusting your life to accommodate your commitment including how family and work responsibilities will be handled.
3. What academic strengths and weaknesses do you have? Do you have any learning challenges and what are they?
4. What are your expectations of this program?
5. What self-care strategies do you use to take care of yourself? Include physical, mental, and emotional health.
6. Much of this program is focused on touch. Your personal understanding of your relationship with touch is important in your journey through this program. Write a paper describing your relationship with touch and include thoughts such as: why touch is important to you, what does touch mean to you, what are some issues you may face regarding touch.

Letters of Recommendation

We require two letters of recommendation to be sent **directly to the school** from the person writing the recommendation. One must be a personal letter of reference (not a relative) and one must be a professional letter of reference (teacher, employer, etc).

The following information should be included in the letter:

Date
Name of Applicant
Name of Person Giving the Recommendation
Address
Phone

- 1) How long have you known the applicant?
- 2) What is your relationship to the applicant?
- 3) What are the applicant's strengths and weaknesses?
- 4) Please comment on the ability of the applicant to focus on short and long term goals.
- 5) Please make additional comments based on your experiences with the applicant.

Please mail this letter of recommendation directly to:

**Altura College- Admissions
405 SE Bishop Blvd., Suite 102
Pullman, WA 99163**

This letter of recommendation may also be emailed to admissions@alturacollege.com.

Please call Altura College with any questions or concerns at (509) 334-3444.