



1256 SE Bishop Blvd., Suite L, 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 \$125.00 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](mailto:admissions@alturacollege.com)**



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## ADMISSIONS APPLICATION and REGISTRATION

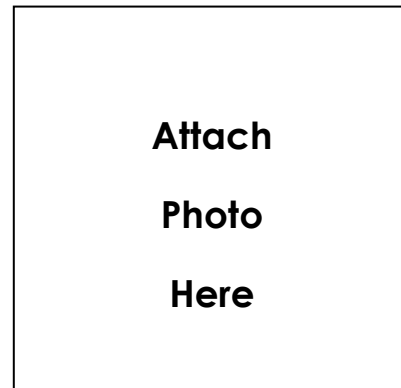
Check one:

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

March 24, 2020– December 19, 2020

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

September 21, 2020 – June 19, 2021



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**

**1256 SE Bishop Blvd., Suite L**

**Pullman, WA 99163**

**This letter of recommendation may also be emailed to [admissions@alturacollege.com](mailto:admissions@alturacollege.com).**

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