

Application for Admission



208 E Howard St, Hibbing

Please Print

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Employer: _____ Occupation: _____

Date of Birth: _____ Gender: _____

Emergency Contact: _____ Phone number: _____

Highest level of education completed: _____

Institution: _____ Year: _____

About You!

What makes your heart sing?

What do you hope to achieve with a career in massage therapy?

What is your top strategy for taking care of yourself?

What is your “superpower”?

What is your “kryptonite”?

Do you have any personal issues giving or receiving a massage from a male or female? _____

Do you have any physical limitations and/or learning disabilities that will necessitate special accommodations during your education? Yes _____ No _____ If yes, please explain below:

Do you have any health concerns or conditions that might inhibit you from practicing or participating in all parts of the program? (Health conditions can include, but are not limited to, mental illness, pregnancy, skin conditions or communicable diseases). Yes _____ No _____ If yes, please explain below:

Do you have previous education in the health field? Yes _____ No _____ If yes, please explain below:

Have you been convicted of a crime, other than minor traffic violation(s)? Yes _____ No _____

A copy of your criminal record must be provided to the school. If the answer to the above question was Yes, please attach a letter of explanation about the crime(s), detailing the crime(s) you were convicted of, the circumstances surrounding the crime(s), your age at the time you committed the crime(s), what punishment and/or restitution you completed, and what actions you have taken towards rehabilitation. Certain offenses may prevent you from receiving a massage therapy license in certain cities/states. For example: drug offenses, solicitation, assault or battery charges and other criminal offenses.

It is our duty to inform you that your admission to and completion of massage school is not a guarantee that you will receive a license. The State/City Massage Board has the statutory authority to deny a license to anyone convicted of a felony and/or anyone found to be deficient in moral character. Your signature indicated that you attest that everything on this application is true and that you understand that Ohana School of Massage is not making any claims that you are guaranteed to receive a massage license.

For your application to be considered, you must submit a \$100 application fee. Please include this when submitting your application.

Completed application and application fee can be submitted to: **Ohana School of Massage**
208 E Howard St
Hibbing, MN 55746

Signature _____ Date _____