

BLUEGRASS PROFESSIONAL SCHOOL OF MASSAGE THERAPY

A SUBSIDIARY OF BLUEGRASS PROFESSIONAL MASSAGE, INC. ®

501 Darby Creek Rd. Ste# 15-A Lexington, KY. 40509 859-264-1450

APPLICATION FOR ADMISSION

NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME) _____ (WORK) _____ (Best time to call) _____

DRIVER'S LICENSE #: _____ Date of Birth: _____ Male or Female?: _____

U.S. CITIZEN ? _____ If no, do you have a valid passport and Work/Student Visa to be in this country? _____ (Y/N)

ARE YOU CURRENTLY EMPLOYED ? _____ EMPLOYER: _____

OCCUPATION: _____ HOW LONG HAVE YOU WORKED THERE? _____

EDUCATION:

Name of your _____ Date you
HIGHSCHOOL : _____ GRADUATED: _____

COLLEGE OR TRADE SCHOOL: _____ GRADUATION DATE: _____

DID YOU STUDY ANY ANATOMY & PHYSIOLOGY COURSES ?

Please describe :

Have you ever been convicted of a morals misdemeanor or felony? (if yes, explain) _____

I certify that all information on this application is complete and correct.

Signed _____ DATE: _____

Application fee of **\$60.00** must be included with your application. Please read the back of this application, also.

(Please read all attached information before signing this application APPLICATION FEE and CLASS DEPOSITS ARE NON-REFUNDABLE)

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION

(Revised 05/11)

- You **must** supply an official copy of your high school transcript or a photocopy of your Diploma, or GED Diploma or some type of College Transcript. You must have graduated highschool, or have an equivalent.
- Please include a recent small photo of yourself (alone). (Something the size of a wallet photo, no larger than a 4x6)
- If you are not a United States Citizen, enclose a copy of your Work/Student Visa or other documentation that you are in this country legally.
- **Include the non-refundable \$60.00 application fee, payable by check or money order. Do Not send cash through the mail.**
- You must hold a current certification in CPR by graduation day to fulfill program requirements. CPR is included in your tuition fee. You may use a CPR certification obtained elsewhere, but the test date must be less than a year old on your last day of class.
- I am interested in the 6 month program _____ The 9 month program _____ Day _____ (or) Night _____
The 12 Month program _____ Saturday class only _____ (or) Night Class _____ **(Check only one)**
- *(Night Classes must have two people signing up at the same time in order to commence.)* You have 72 hours after placing your application to make your deposit, this deposit is non-refundable, so please keep this in mind when you set up your interview and place your application.
- If you pay your tuition up front to receive the discounted rate, you will have 72 hours to change your mind and receive a partial refund, the deposit listed in the tuition payments section of our web-page or catalog is still non-refundable and will be deducted from the tuition paid. The deposit is non-refundable regardless of which payment option you choose.
- *Before mailing, make a copy of your application to keep for your records. Be sure to read all the materials sent to you or our webpage in its entirety. Make a list of questions that you may have to bring with you when you come in for an interview.*
- *You will receive confirmation of our receipt of this application by mail, or we may call you to set up an interview date. If you have not heard from us within two weeks of mailing this application, please call us at 859-264-1450. Remember your deposit is due at the time of the interview or no later than 72 hours after the interview, so plan accordingly.*

FOR CEU HOME-STUDY COURSES ONLY:

Fill out the Name and address portion on the front of this application (Include your phone numbers).

Print the name of the Home-Study Course you are requesting here: _____

Enclose the amount of the courses fee along with this application (Check or money order only, no cash or list your Credit Card below)

Please allow 2 weeks for your order to be completed. Credit Card # _____

EXP Date: _____ **Number on back of the card** _____ **Name on Card** _____

Your KY license number _____ **NCBTMB number (if applicable)** _____