



AIM ASHLAND
INSTITUTE OF
MASSAGE
awareness, integrity, meaning

Professional Massage Program Application

PO Box 1233 | Ashland, OR 97520 | 541.482.5134 | 541.488.2383 (fax)
admissions@aimashland.com | aimashland.com

Date: _____

FULL LEGAL NAME		PREFERRED NAME/NICKNAME		DATE OF BIRTH
ADDRESS		CITY	STATE	ZIP
TELEPHONE (HOME)		(CELL)		
EMAIL		FAX		
EMERGENCY CONTACT NAME		PHONE #	RELATIONSHIP	

I am applying for:

- Full Massage Program: EVENINGS and FRIDAYS (September–June 20__)
- Full Massage Program: DAYS (November–June 20__)

Work Experience (most recent first)

EMPLOYER	CITY/STATE/ZIP	DATES	JOB DESCRIPTION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Education

HIGH SCHOOL NAME	CITY/STATE/ZIP	DEGREE	YEAR
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

COLLEGE NAME	CITY/STATE/ZIP	DEGREE	YEAR
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



Health Information

This information will be kept strictly confidential except in the case of enrollment, when only appropriate information may be shared with faculty members. Clearly mark your responses and add details for any "Yes" answers, including dates. Use a separate piece of paper if more space is needed. The following conditions could impact giving and receiving massage. Please check any that apply.

This information is kept separate from the academic records, secure from theft, and private.

- Are you currently receiving medical care, chiropractic care, or bodywork? Yes No
- Have you ever had injuries due to accidents or sports? Yes No
- Do you have a present or past history of (please check all that apply):
 - HIV/AIDS/ARC Fainting MRSA Back/Neck Problems
 - Chronic Fatigue Headaches Rash/Skin Problems Varicose Veins
 - Arthritis Convulsion Heart Disease High/Low Blood Pressure
 - Asthma Diabetes Tumors: Malignant Hepatitis
- Have you ever had any other illness or condition that could affect your performance in school or as a massage therapist?
 - Yes No If so, what? _____
- Where did you first hear about our program? Friend AIM Student Phonebook
 - Oregon Board of Massage Advertisement in _____
 - Internet (website): _____ Other _____

Application fee must be included: \$25

All information included with this application is complete and true to the best of my knowledge.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY: APPLICATION MATERIALS RECEIVED

INITIALS _____

Application

DATE RECEIVED _____

Letters of Reference (2)

DATE RECEIVED _____

Application Fee

DATE RECEIVED _____

Photo

DATE RECEIVED _____

Handwritten Essay Responses

DATE RECEIVED _____

Official Transcripts

DATE RECEIVED _____

Health Statement

DATE RECEIVED _____

Driver's License or Government ID

DATE RECEIVED _____



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Professional Massage Program Application: Supplemental Materials

Your application will be complete once we receive the following additional documents (may be submitted all at once or in parts):

- Official, sealed transcripts from high school or any post-secondary educational institution you have attended
- Small current photo (2x3 inches)
- Copy of a driver's license or government ID (for verification purposes)
- One (1) letter of reference that speaks to your ability to be successful in this program and career
- Completed Health Statement (provided by AIM) for student safety giving and receiving massage
- Essay responses, preferably handwritten, to the following questions. Please be as candid and detailed as possible.
 1. What is your motivation for enrolling at AIM? Why do you want to be a massage therapist?
 2. Write a brief assessment of your academic strengths and weaknesses, including strategies to address any specific learning challenges.
 3. What experiences and/or training do you have with massage or other health-related areas?
 4. How do you plan to pay for your tuition for massage school?
 5. What is your time management plan regarding your training as a massage therapist? Be specific in terms of your work and family responsibilities and how you can create time weekly for study and practice (15–20 hours for evening program, 20–30 hours for day program).
 6. Write a 1–2 page reflection on your relationship to touch. The following questions are examples of what you might consider:
 - a. What touch experiences have impacted you the most in your life?
 - b. What does touch mean to you?

All completed documentation may be sent to:

ASHLAND INSTITUTE OF MASSAGE | PO BOX 1233 | ASHLAND, OR 97520

When the above documents have been completed and returned to AIM, we will contact you to schedule a 40-minute no-cost academic skills test (CPAt) followed immediately by an admissions interview with one of the directors. This final step in your application process will take approximately 2 hours.

Thank you for applying to Ashland Institute of Massage!