



AIM ASHLAND
INSTITUTE OF
MASSAGE
awareness, integrity, meaning

Professional Massage Program Application

PO Box 1233 | Ashland, OR 97520 | 541.482.5134 (Ext 1)
admissions@aimashland.com | aimashland.com

DATE: _____

FULL LEGAL NAME		PREFERRED NAME/NICKNAME		DATE OF BIRTH
ADDRESS		CITY	STATE	ZIP
TELEPHONE (HOME)		(CELL)		US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMAIL				

I am applying for:

Full Massage Program starting September of 20_____

Education

HIGH SCHOOL NAME	CITY/STATE/ZIP	YEAR	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> GED
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COLLEGE NAME	CITY/STATE/ZIP	DEGREE	YEAR
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Work Experience (most recent first)

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

Where did you hear about our program? _____

The application fee of \$25.00 is included with this application paid online



Confidential Health Questionnaire

We gather this important information to keep our classroom environment safe and supportive for all, including you! This information will be kept strictly confidential and may only be shared with specific faculty members for the purpose of making appropriate accommodations. Your candid responses demonstrate the integrity that AIM stands for. Please clearly mark your responses and add details for any “Yes” answers, including dates. Use a separate piece of paper if more space is needed.

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

1. Are you currently receiving medical care, chiropractic care, or bodywork? Yes No

2. Have you ever had injuries due to accidents or sports? Yes No

Please explain: _____

3. Do you have a present or past history of (Please check all that apply):

Musculoskeletal Conditions (severe headaches, neck/back issues, joint pain, mobility concerns, etc...)

Please explain: _____

Chronic Health Conditions (diabetes, autoimmune conditions, asthma, heart condition, etc...)

Please explain: _____

Communicable Disease (HIV/AIDS, hepatitis, MRSA, etc...)

Please explain: _____

Mental Health Conditions (anxiety, depression, PTSD, eating disorders, recent grief, etc...)

Please explain: _____

4. Please list any other illness or condition that could affect your participation in school or as a massage therapist.

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

SIGNATURE

DATE



Professional Health Statement

PO Box 1233 | Ashland, OR 97520 | 541.482.5134 (Ext 1)
admissions@aimashland.com | aimashland.com

DATE: _____

AIM requires completion of this form by a licensed health practitioner/physician (MD, DO, ND, DC, PA, or NP) in the interest of helping to ensure a positive, successful experience for those considering training to become a massage therapist. We appreciate your cooperation.

APPLICANT NAME	PHYSICIAN NAME	PHYSICIAN PHONE	
PHYSICIAN ADDRESS	CITY	STATE	ZIP CODE

AIM’s professional massage program is a rigorous course of study, and it is recommended that persons who undertake this training be in good physical health. If the answers to any of the questions below indicate concern about a candidate’s ability to undergo this program, please explain on the lines below:

<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Is this person in good physical health?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Is this person is able to work extensively in the standing position with use of hands/wrists?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Has this person had any recent injuries, accidents, or muscular-skeletal disorders, including concussion or head injury, whiplash, sciatica, carpal tunnel syndrome, or thoracic outlet syndrome? (If a candidate does have any of these conditions, please describe in detail any limits to his/her ability to function due to the condition.)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Does this person have a history of chronic headaches, including migraines?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Does this person have a history of auto-immune dysfunction, CFS, or fibromyalgia.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Does this person have any communicable disease.</i>

As part of taking this training, the applicant would be receiving massage work consistently for 10 months of classes, including deep tissue and range-of-motion work. If there are health situations for which it would not be in the person’s best interest to be receiving massage, this should be considered when recommending this person for massage training. Please check if any of the following conditions are present for this candidate:

I. Some of the basic contraindications to receiving general massage (based on Swedish massage, the most extensive component of AIM training):

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Advanced stages of diabetes | <input type="checkbox"/> Advanced stages of heart conditions |
| <input type="checkbox"/> Advanced failure of any internal organs | <input type="checkbox"/> Highly metastatic cancers |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Extreme emotional instabilities |



Professional Health Statement Continued...

2. Local, regional massage is contraindicated in conditions of acute flare-up:

- Inflammatory arthritis Acute neuritis Phlebitis
 Thrombosis Arteritis

3. Possible adverse effects and contraindication exist for conditions of:

- High blood pressure Chronic congestive heart failure Atherosclerosis
 Post CVA Malignant tumors Spastic paralyses
 Parkinson's Multiple sclerosis Systemic contagious/infectious condition
 Taking medications that alter sensation, muscle tone, standard reflex actions, cardiovascular function, kidney or liver function, or personality
 Other _____

4. Are there any other conditions that may be of possible concern? Yes No

Please identify: _____

5. Are there any situations for which medications are being taken? Yes No

Please identify: _____

6. Do you recommend any limitations to this candidate's giving or receiving bodywork? Yes No

Please identify: _____

Because individual situations can be different, it is sometimes difficult to give a yes/no answer for recommendation or contraindication for massage. If the health practitioner is in any doubt, we suggest a consultation with AIM.

Please use a separate paper to add any comments regarding this applicant's health or preparedness to enter this course of study.

SIGNATURE

DATE

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



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 most recent schooling*
- Small current photo*
- 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 Professional Health Statement*
- Essay responses 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 a week).*
- 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 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!