



HEALING ARTS INSTITUTE

MASSAGE SCHOOL & CLINIC

813 16th St. West
Billings, MT 59102
406-281-8445

Admissions Application

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: HOME: _____ CELL: _____ WORK: _____

EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____

LENGTH OF EMPLOYEMENT: _____ SSN: _____ DOB: _____

NAME OF REFERENCE: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

HIGHEST LEVEL EDUCATION COMPLETED: _____

SCHOOL: _____ YEAR COMPLETED: _____

Do you hold any professional licenses in this or any other state? _____ yes _____ no

If yes, State: _____ License Type: _____ License #: _____ Exp.: _____

Are you active military duty? _____ yes _____ no _____ veteran – Branch of service: _____

Do you have any physical limitations and/or learning disabilities that may require special accommodations?

____ yes _____ no If yes, please explain: _____

Have you ever been convicted of a crime other than a minor traffic violation? _____ yes. _____ no

If yes, a copy of your criminal record must be supplied with this application to the school. Please include a letter of explanation regarding the crime(s) you were convicted of, the circumstances surrounding the crime(s), your age at the time the crime(s) was committed, the punishment and/or restitution completed, and any action towards rehabilitation.

Admission to Healing Arts Institute is not a guarantee that you will receive a license in massage. The State of Montana Massage Therapy Board has the statutory authority to deny a license to anyone convicted of a felony and/or anyone they find to be deficient in moral character.

I attest that this application has been completed by myself and is complete to the best of my knowledge. I understand that Healing Arts Institute cannot guarantee that I will receive a license in massage once I have completed the required coursework. This is determined by the State of Montana and/or any other state that I should choose to apply for licensure in.

Signature

Date

Documentation Required for Application

- Copy of valid driver's license or state ID
- Copy of Social Security Card
- Copy of High School Diploma or equivalent
- Copy of any state licenses held
- If applicable, documentation on any criminal convictions.

Office Use Only

Date Received: _____ By: _____ Documentation Attached: Y N