

# Western Institute of Neuromuscular Therapy

22951 Mill Creek Drive, Suite. A, Laguna Hills, CA, 92653  
 (949)830-6151 FAX(949)830-1729

## APPLICATION FOR ADMISSION

Enter Desired Term Start Date:	Check Program Desired <input type="checkbox"/> PROFESSIONAL THERAPEUTIC & SPORTS MASSAGE THERAPIST COURSE - 1000 HOUR <input type="checkbox"/> PROFESSIONAL MASSAGE THERAPIST COURSE- 500 HOUR <input type="checkbox"/> CHECK HERE IF APPLYING FOR CONSIDERATION FOR ADVANCED PLACEMENT		
Applicant's Name (First, Middle , Last)		M    F	Maiden Name
Street Address		Date of Birth	Marital Status
City	State	Zip	Social Security #
Email Address:			
Home Telephone # [   ]	Work Telephone # [   ]	Cell/ Pgr Telephone # [   ]	Drivers License #
Occupation		Employer	
Mailing Address if different:			
Emergency Contact Person (Name, Address, Telephone #)			

EDUCATIONAL HISTORY	CITY/ STATE	DIPLOMA/DATE GRAD
High School		
College or Vocational Institution		
Other		

WORK HISTORY			
Employer	Address	Title/Position	Dates

**Who referred you to WIN Therapy?** (Name individual or source)

<b>Have you experienced at least one professional massage?</b>	YES	NO	<b>Name of therapist:</b>
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**IN YOUR OWN HANDWRITING AND ON A SEPARATE SHEET OF PAPER, PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL:**

- 1. What are your professional goals; your personal goals? Discuss your purpose for enrolling in this training program and what you hope to gain from it.**
- 2. Do you plan on making massage therapy a career in the future?**
- 3. What attracts you to the Western Institute of Neuromuscular Therapy?**
- 4. If accepted into the program, describe how you intend to finance your tuition and training expenses.**

<b>Have you ever been convicted of a felony or misdemeanor?</b> (Do not include minor traffic violations)	Yes	No
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**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE INSTITUTE:**

- 1. Official Transcript (or copy of diploma) from high school or GED.**
- 2. 3 Letters of Character Reference .** (Sample form included in this catalog)
- 3. A physician’s statement that you are in good health and physically able to practice and receive massage.** (Sample form included in this catalog)
- 4. Proof of age. (Copy of Drivers license or birth certificate)**
- 5. A \$100.00 registration fee is due with this application.**  
**Make check payable to “W I N Therapy”.**

A PERSONAL INTERVIEW IS REQUIRED BEFORE THE APPLICATION PROCESS IS COMPLETE. A PHONE INTERVIEW IS ACCEPTABLE FOR OUT OF STATE/COUNTRY RESIDENTS. PROSPECTIVE STUDENTS ARE ADVISED TO SUBMIT THIS APPLICATION AS SOON AS POSSIBLE. CLASSES ARE LIMITED IN SIZE AND ENROLLMENT WILL CLOSE WHEN CLASS IS FULL.

**The information given in this application is correct to the best of my knowledge.**

\_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_ **Date**

**ADMISSIONS USE ONLY**

Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Application Fee Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Accepted/Rejected by \_\_\_\_\_ Reason: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Letter Sent \_\_\_\_/\_\_\_\_/\_\_\_\_