

Career Enhancement  
**Application 2006**



# Massage Therapy

Associate in Occupational Studies  
Degree Program

**Swedish  
Institute**  
College  
of Health  
Sciences

## Application for Admission

A \$50.00 non-refundable application fee is required to process this application. Please read instructions carefully and complete all questions. The application cannot be processed if questions are left unanswered.

<p><b>Time Slots</b> (Number in order of preference)</p> <p>_____ Morning: 8:30 am - 12:30 pm</p> <p>_____ Afternoon: 1:15 pm - 5:15 pm</p> <p>_____ Evenings/Saturday: 6:00 pm - 10:00 pm and/or Saturdays 9:00 am - 1:00 pm</p>	<p><b>Please check your preference:</b></p> <p>_____ Full-Time Program (10 credits)</p> <p>_____ Part-Time Program (under 10 credits)</p>
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**Term for which you are applying:** (Check one and enter year)

**Winter:** January \_\_\_\_\_  **Spring:** April/May \_\_\_\_\_  **Fall:** September \_\_\_\_\_

### General Information:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Have you been known by any other name?  YES  NO If YES, what is that name: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender \_\_\_\_\_

Date of graduation from the Swedish Institute Massage Therapy Diploma Program \_\_\_\_\_

New York State License Number \_\_\_\_\_

Citizenship  U.S. Citizen  Permanent Resident Alien Reg. No. \_\_\_\_\_  Visa Type \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor, other than minor traffic offenses?  YES  NO

If YES, please describe \_\_\_\_\_

**Optional:** Our accrediting agencies ask us for statistical information on our student population. If you wish to identify yourself as a member of a racial or ethnic group, **for statistical purposes only**, please indicate below.

- |   |  |
|---|--|
| <input type="checkbox"/> Asian/Asian-American             | <input type="checkbox"/> Latino/Hispanic                 |
| <input type="checkbox"/> Black/African-American           | <input type="checkbox"/> Native American/American Indian |
| <input type="checkbox"/> Pacific Islander/Native Hawaiian | <input type="checkbox"/> Caucasian                       |
| <input type="checkbox"/> Other (Please Specify) _____     |  |

### Swedish Institute Use Only – Applicant, Do Not Write Below This Line

Date Rec'd	Appl. Fee	Date Interviewed	Committee Review	Accepted	Denied	Registration Date	Notified	Initials

## In Case of Emergency, Notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Employment:

Are you currently employed as a massage therapist ?  YES  NO

If no, what is the reason? \_\_\_\_\_

**Please list, in chronological order, your complete work history(including self-employment) in the field of massage therapy. List your most recent employment first. If you are not working as a massage therapist, list your general work history. Please attach an additional sheet if necessary.**

1. Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Tel. No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of hours per week \_\_\_\_\_

Type of work being practiced (circle all that apply): Swedish Shiatsu Other \_\_\_\_\_

2. Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Tel. No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of hours per week \_\_\_\_\_

Type of work being practiced (circle all that apply): Swedish Shiatsu Other \_\_\_\_\_

3. Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Tel. No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of hours per week \_\_\_\_\_

Type of work being practiced (circle all that apply): Swedish Shiatsu Other \_\_\_\_\_

## Continuing Education:

Please list all continuing education classes that you have taken and/or other related education.

1. Name of class \_\_\_\_\_

Name of institution \_\_\_\_\_ Date completed \_\_\_\_\_

Number of hours \_\_\_\_\_ Certificate awarded? \_\_\_\_\_

2. Name of class \_\_\_\_\_

Name of institution \_\_\_\_\_ Date completed \_\_\_\_\_

Number of hours \_\_\_\_\_ Certificate awarded? \_\_\_\_\_

3. Name of class \_\_\_\_\_

Name of institution \_\_\_\_\_ Date completed \_\_\_\_\_

Number of hours \_\_\_\_\_ Certificate awarded? \_\_\_\_\_

## Transcript Request:

I, \_\_\_\_\_, request that my clock hour transcript from the Massage Therapy Diploma Program be converted to credit hours. I understand that there is a \$100 fee for this conversion but that it will be credited towards my tuition should I enroll in the Career Enhancement Program.

## Application Procedure:

1. Complete and submit application.
2. Submit one passport photograph.
3. Submit \$50 non-refundable application fee.
4. Request from the Swedish Institute a transcript with converted clock hours to credit hours (\$100 fee).
5. Submit a reference letter from an employer or from a regular massage client.
6. You may be called for a personal interview after submission of your application.
7. An updated health certificate and record of immunizations will be required. The forms will be given to you at the interview.

It is extremely important to note that classes are limited in size and enrollment is based on space in the class. Submitting an application does not guarantee admission or a specific time slot.

*The Swedish Institute admits qualified students regardless of race, religion, national origin, gender, sexual orientation, age, marital status or handicap.*

**I certify that all information contained in this application for admission is true. I understand that falsification of material is grounds for denial or dismissal.**

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**Applicant's Signature**

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**Date**