



Application & Enrollment Checklist

Thank you for visiting our school. To apply for admission to our program, please follow these steps:

- Receive a professional Swedish massage (within the last year)**
- Get a copy of your high school diploma, G.E.D. or equivalent**
- Complete the program application and 2 essay questions. Sign & date on the back.**
 - Essay Q1: Write an essay explaining what drew you to massage therapy as a career.
 - Essay Q2: Write an essay describing a professional Swedish massage you received.
- Decide on a financing option:**
 - Paid in Full, Monthly Payment Plan, Low Interest Loan, Quarterly, Tuition Agreement, 3rd Party
- If Low Interest Loan:**
 - Complete, sign & date loan application (*loan fee not required to apply*)
 - Submit 2 pay stubs
 - Complete loan application paragraph
- Submit all application materials, including \$25 application fee, copy of photo ID and loan application (if applicable) to the Admissions Coordinator**
- Schedule an Admissions Interview**
- Complete enrollment contracts and register with your Admissions Coordinator. Pay all required fees and tuition deposits at this time.**
- Attend Orientation**
- Start classes - yay!**

Fees & Deposits

- \$25 application fee**
(*non-refundable*)
- \$150 registration fee**
(*\$25 early reg discount available*)
- \$75 MPP or \$150 LIL processing fee**
(*due at enrollment, if applicable*)
- Tuition payment or tuition deposit \$_____**
(*due at enrollment*)



OREGON SCHOOL of MASSAGE

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Program Application

Please complete both sides in print, using blue or black ink and submit with the following:

<input type="checkbox"/> \$25 Application Fee (Payable to OSM)	<input type="checkbox"/> Copy of HS diploma, GED or equivalent (see Admissions Coordinator for questions about equivalent options)	<input type="checkbox"/> Proof of current massage liability insurance or signature for student massage liability insurance
<input type="checkbox"/> Photo ID		

Legal Name (First, M, Last):	Preferred Name:
Street Address:	E-mail:
City/State/Zip:	
Primary Phone:	Secondary Phone:
Date of Birth:	SSN:
Current Employer:	Position:
Emergency Contact:	Emerg. Contact Phone:

- In which pre-licensing program are you enrolling? 640 Hour MCHP Non-Certificate
 Where will you attend classes? Portland Salem Both locations
 When do you plan on starting the program? Winter Spring Summer Fall

Please use additional pages, if needed, to completely answer all questions.

1. Education/Training: please list all previous: high school, college, vocational, other. Include all previous massage-related training (psychology, bodywork, helping professions, etc.) Indicate graduation date and major degrees awarded, if any. Also list all health science courses completed to date.

2. Support: Do you have a support system in place that will allow you to fully participate in our program (i.e. daycare, flexible work schedule, family support)? Please describe.

3. How will you finance your training?

- Pay in Full Quarterly payments Tuition Agreement Monthly Payment Plan
 Low Interest Loan 3rd Party payment VA/GI Bill Benefits I'm not sure yet

4. Arrests/Convictions: Have you ever been arrested or convicted for any crime other than minor traffic violations or had any agency take action against you or your license? YES NO

If yes, on a separate sheet of paper, list the date and place of your arrest and/or conviction, describe the offense for which you were arrested and the disposition of the charges, signed by yourself.

We ask the following questions to prepare for providing any necessary support and/or guidance for you as a student. Your answers are kept confidential and are not considered a determining factor in your admissibility to OSM. A primary component of OSM's curriculum requires the student to be able to both give and receive bodywork. The following conditions may limit your ability and/or require careful planning. Please check any that apply to you, and be prepared to discuss them with the Director of Education.

5. Learning Challenges: Please list any diagnosed or un-diagnosed learning challenges: Not Applicable

<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Dyslexia or reading	<input type="checkbox"/> Severe test anxiety	<input type="checkbox"/> Other _____
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6. Psychological Concerns: Please list any diagnosed or un-diagnosed psychological concerns: Not Applicable

<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Other _____
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7. Physical Concerns: Please list any diagnosed or un-diagnosed physical conditions: Not applicable

<input type="checkbox"/> Recent injury or illness	<input type="checkbox"/> Chronic illness/health problems	<input type="checkbox"/> Contagious skin conditions
<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Cancer or undiagnosed growths
<input type="checkbox"/> Chronic pain	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Joint problems
<input type="checkbox"/> Other circulation problems _____		<input type="checkbox"/> Other _____

8. How did you first hear about our program? What attracted you to OSM?

(If you were referred by an OSM student or graduate, please indicate their name)

9. What are your expectations of OSM and how can we support you?

10. Essay Questions - Please attach separate pages - 1 page maximum per essay

Q1: Write an essay explaining why you want to be a massage therapist? Please be specific and include details you feel led you to your decision to become a massage therapist.

Q2: Write an essay describing a professional Swedish massage that you received in the last year. Describe the environment of the session and techniques used by the massage therapist. Address your experience of the massage in terms of its effect on your body, state of mind and emotional response. Include the date and therapist's name if possible. Be prepared to discuss this massage with your Admissions Coordinator.

The above statements and attachments are true and accurate to the best of my knowledge.

Applicant Signature: _____ **Date:** _____