



APPLICATION FORM

OREGON SCHOOL
of MASSAGE
SHIATSU CERTIFICATE PROGRAM

For Office Use Only	
___	Date App Rcv'd
___	\$25 App Fee Rcv'd
___	Copy of ID Rcv'd
___	Copy of Diploma Rcv'd
___	Reg on Rosters
___	Entered on Data Base
___	Insurance/ Proof

Please fill out both sides and submit with \$25 application fee, copy of photo ID and copy of highest level of academic completion or LMT license. Student insurance is also required and can be purchased at the cost of \$70 for 18 months. Please make checks payable to Oregon School of Massage.

LEGAL NAME: _____ DATE: _____

ADDRESS: _____ E-MAIL: _____

CITY/STATE/ZIP: _____

TELEPHONE: (Home) _____ (Work) _____

EMERGENCY CONTACT: _____ Phone: _____

DATE OF BIRTH: _____ GENDER: M F S.S.#: _____

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

CITY/STATE/ZIP: _____

POSITION: _____

WHICH LOCATION WILL YOU BE PRIMARILY ATTENDING? PORTLAND SALEM

WHEN DO YOU PRIMARILY PLAN ON ATTENDING CLASSES? (You can attend classes at any time they are offered. This helps us determine scheduling needs.)

MORNING AFTERNOON EVENING NO PREFERENCE

Please use additional pages to fully answer all questions.

1. EDUCATION: Previous schooling: High School, college, university, vocational school, other; please indicate graduation date and major degrees awarded, if any. Please list all health science courses completed to date. _____

2. TRAINING: Please list all massage-related training to date (other forms of bodywork, psychology, helping professions, etc.). _____

3. Why would you like to become a Shiatsu therapist? Please attach a separate sheet (maximum 1 page).

4. How will you finance your training? _____

Are you planning to use VA benefits? YES NO SLM or TFC student loan program? YES NO

5. 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. _____

6. Have you ever been arrested or convicted for any crime other than minor traffic violations? YES NO

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

7. Do you have any physical, psychological or educational disabilities or challenges that we need to be aware of? Please list below. (If you would like to discuss this with a Director, please call.) _____

8. How did you first hear about the OSM Shiatsu certificate program? _____

9. **MESSAGE HISTORY:** Before acceptance into the Shiatsu program, OSM requires applicants to have received a Shiatsu massage during the year prior to enrollment. Please report on this massage and other Shiatsu Messages you may have received. Include benefits you received and how Shiatsu is different from other forms of massage you have experienced.

DATE _____