

OREGON SCHOOL of MASSAGE

9500 SW Barbur Blvd Ste 100 | Portland, OR 97219 | 800-844-3420 2111 Front St NE Bldg 3-101 | Salem, OR 97301 | 877-588-8912

<u>Limited Enrollment - Application & Enrollment Checklist</u>

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

Complete the limited enrollment application (for students taking no more than 256 hours.) Sign & date on the back.							
Decide on a financing option: Quarterly Payments, 3rd Party							
Submit all application materials to the Admissions Coordinator. Include the following:							
☐ \$25 application fee							
□ copy of photo ID							
☐ copy of diploma/GED/equivalent							
☐ copy of prior massage transcripts, licenses, certifications							
☐ letter from the Oregon Board of Massage Therapists, if applicable.							
Schedule an Admissions Interview							
Complete enrollment contracts and register with your Admissions Coordinator. Pay all required fees and tuition deposits at this time.							
Start classes - yay!							
Fees & Deposits							
\$\square \text{\$\square\$ \$\square\$ application fee} \\ \(\non-refundable \)							
□ \$25 limited registration fee							
☐ Tuition payment \$ (due at enrollment)							



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<u>Limited Enrollment Application</u>
This application is for students taking no more than 256 hours. Please complete both sides in print, using blue or black ink and submit with the following:

□ \$25 Application Fee (Payable to OSM) □ Photo ID	(Payable to OSM) (see Admissions Coordinator for qu		insura	□ Proof of current massage liability insurance or signature for student massage liability insurance			
Legal Name (First, M, Last):		Pref	Preferred Name:				
Street Address:		E-mail:					
City/State/Zip:							
Primary Phone:		Sec	Secondary Phone:				
Date of Birth:			SSN:				
Current Employer:			Position:				
Emergency Contact:		Eme	Emerg. Contact Phone:				
Where will you atte When do you plan	end classes? on starting classes?		Salem Spring	□Both locations □Summer	□Fall		
1. Experience: please list all movement/health fields.	previous educational and emplo	oyment experience	e with mass	sage, bodywork or re	elevant		
2. Certification: Please list all relevant professional licenses and certifications you hold and provide a copy of each.							
3. Why do you want to attend Oregon School of Massage?							

4. Are you taking classes at OSM to transfer into another program? ☐ YES ☐ NO
5. Do you intend to become an Oregon licensed massage therapist? $\ \square$ YES $\ \square$ NO
If yes, when?
6. Do you have a letter from the Oregon Board of Massage Therapists stating what you need in order to qualify for the Oregon Massage License? ☐ YES ☐ NO if yes, please provide a copy.
7. What classes or subjects do you need in order to qualify for Oregon licensure?
8. Do you have professional or student massage liability insurance? ☐ YES ☐ NO if yes, please provide proof.
9. 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.
The above statements and attachments are true and accurate to the best of my knowledge.
Applicant Signature: Date: