



Limited Enrollment - Application & Enrollment Checklist

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, Tuition Agreement, 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

- \$25 application fee**
(non-refundable)
- \$25 limited registration fee**
- Tuition payment or tuition deposit \$_____**
(due at enrollment)



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

Limited Enrollment Application

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:

<input type="checkbox"/> \$25 Application Fee (Payable to OSM)	<input type="checkbox"/> Copy of HS diploma, GED or college transcripts (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:

Gender:

SSN:

Current Employer:

Position:

Emergency Contact:

Emerg. Contact Phone:

Where will you attend classes?

Portland

Salem

Both locations

When do you plan on starting classes?

Winter

Spring

Summer

Fall

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

1. Experience: please list all previous educational and employment experience with massage, bodywork or relevant movement/health fields.

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? YES 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.

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

Applicant Signature: _____ Date: _____