



## 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 \$\_\_\_\_\_**  
*(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.

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**2. Certification:** Please list all relevant professional licenses and certifications you hold and provide a copy of each.

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**3. Why do you want to attend Oregon School of Massage?**

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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 ?

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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: \_\_\_\_\_