



Application Date: _____

Colorado Institute of Massage Therapy

Enrollment Application

Application Instructions:

- Please **fill out this application**.
- Submit completed application with non-refundable **\$75.00 application fee** (payable in-person or by telephone).
- Please have your most recent high school or college **diploma and/or transcripts** sent to CIMT at the following address: Colorado Institute of Massage Therapy, 1490 W. Fillmore Street, Colorado Springs, CO 80904, Attn: Admissions Department or emailed to Info@cimt.edu.
- ➤ Applicant must submit documentation that supports that they have received a high school diploma or equivalent. Acceptable documentation includes: high school or college diploma, certificate of GED, official high school transcripts that show completion of graduation requirements, official college transcripts. We will photocopy any original documents for our file and return the original to the student.
- Please share with us **a short paragraph** on your motivation for attending massage therapy training and your philosophy of health care. Also include any other considerations that you would like to share with us. This may be emailed to Info@cimt.edu or attached to your application.

Advanced Neuromuscular Massage Therapy Certification Program

☐ Tuesday and Thursday Course Options: ☐ Spring A.M. 8:00-12:30 ☐ Winter P.M. 5:30-10:00 ☐ Fall A.M. 8:00-12:30 ☐ Summer P.M. 5:30-10:00

Personal Information

Social Security #: _____ Birth Date: _____ Email: _____
(MM/DD/YYYY)

Full name: _____

Last Name

First Name

Gender: ☐ Male ☐ Female ☐ Other Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White
☐ Two or more races ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Mailing Address: _____

Street

City

State & zip code

Phone: _____

Home

Cell

Work

Place of Birth: _____
City *State*

High School Attended: _____

Name

City

State

Graduation Date

College or Other Training Received: _____

Years: _____ - _____ Degree/Certificate: _____

Phone: 719-634-7347 or Toll free: 888-634-7347 Fax: 719-447-9198 Email: info@cimt.edu Website: www.cimt.edu

This document is an addendum to CIMT catalog, Volume 23 Edition 1.0 dated 2018

Approved and regulated by the Department of Higher Education, Division of Private Occupational Schools (DPOS)
Institution accredited by the Commission on Massage Therapy Accreditation (COMTA)



Colorado Institute of Massage Therapy

Emergency Contact

Full name: _____

Last Name

First Name

Mailing Address: _____

Street

City

State & Zip code

Phone: Home: _____ Cell: _____ Work: _____

References (Please list two references other than family members)

Name	Address	Phone

Name	Address	Phone

Work Experience (Please indicate your most recent work/job experiences)

Name	Address	Phone	Title

Name	Address	Phone	Title

Name	Address	Phone	Title

General Information

- Do you have any physical or mental disabilities which may impair your ability to fully participate in all aspects of the Massage Therapy Program including carrying a massage table (approx.35lbs)? ☐ Yes ☐ No

If yes, please briefly explain _____

****If you require accommodations, please provide a written accommodation request with this application to the Admissions staff.**

- Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please briefly explain _____

- Have you ever been expelled or denied acceptance to a massage therapy or bodywork school?

☐ Yes ☐ No

If yes, please briefly explain _____

- Do you currently have, or have you had any contagious disease in the past two years? ☐ Yes ☐ No

If yes, please briefly explain _____

Signature & Date

Applicants Signature

Date

CIMT Licensed Agent Signature

Date

Phone: 719-634-7347 or **Toll free:** 888-634-7347 **Fax:** 719-447-9198 **Email:** info@cimt.edu **Website:** www.cimt.edu

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