



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, CO80904, Attn: Admissions Department or emailed to [Info@cimt.edu](mailto: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](mailto: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](mailto:info@cimt.edu) Website: [www.cimt.edu](http://www.cimt.edu)

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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)

