



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](mailto:Info@cimt.edu).
- Applicant must submit documentation that supports that they have received a high school diploma or equivalent. Acceptable documentation: 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:**

Winter P.M. 5:30-10:00     Spring A.M. 8:00-12:30     Fall A.M. 8:00-12:30

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## 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/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: \_\_\_\_\_

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**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 24 Edition 1.0 dated 2024

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) revised 6-15-23



Application Date: \_\_\_\_\_

# 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

1. 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.**

2. Have you ever been convicted of a felony?  Yes  No

If yes, please briefly explain \_\_\_\_\_

3. Have you ever been expelled or denied acceptance to a massage therapy or bodywork school?  Yes  No

If yes, please briefly explain \_\_\_\_\_

4. 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**

By writing your name you are using it as your signature

\_\_\_\_\_  
**CIMT Licensed Agent Signature** **Date**

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