Application

For Office Use Only

REC_____
INV_____
MED_____
ESS_____
DISC _____
LIC/ID_____
ACP/REJ_____

BANCROFT School of Massage Therapy

Print out and return completed application and $50 non-refundable application fee to:

Admissions Director, BSMT
333 Shrewsbury Street, Worcester, MA 01604
Phone: (508) 757-7923

Name_____ Date of Birth_____

Address_____

City_____State_____Zip_____ SS#_____

Phone_____ Cell Phone _____Email_____

- If applicant's name was different when attending high school or college, please indicate that name

  _____

- List all schools attended and degrees earned (if applicable). **Please send in official transcripts.**

  Schools (start with high school) Dates Attended Date Graduated Degree Earned

  _____

  _____

  _____

  _____

- List college courses that may be transferred to the Massage Therapy Program: _____

  _____

- **Criminal History**

  Have you ever been convicted of a criminal offense? ____ Yes ___ No If yes, please explain:

  _____

  Have you ever been incarcerated? ____ Yes ____ No If yes, please explain: _____

  _____

- **Please complete the following in essay form: "I want to enter the massage therapy profession because…"** (use additional pages if needed)

To the best of my knowledge all the information completed in this application is true and correct.

Signature of Applicant _____ Date_____

Check list:

- o $50.00 non-refundable application fee
- o Completed application – signed and dated
- o Completed Medical History Form – signed and dated (by the applicant)
- o Official transcripts – high school and college. If you have received an associated degree or higher, a high school transcript is not needed
- o Essay

PLEASE DO NOT WRITE BELOW– FOR OFFICE USE ONLY

Date_____ Interviewer_____

ACP_____ Comments_____

Hold_____

BANCROFT School of Massage Therapy

Medical History Form

Name_____ Date_____

Address_____

City_____ State_____ Zip _____

Home Phone_____ Cell Phone_____

Date of Birth_____ Occupation _____

The massage Therapy program that we offer is very physical and strenuous. To better prepare ourselves, we would like you to take a moment to check off any injuries or medical complaints that you may have now or have had in the past. Please be specific. Good health is essential in order to successfully complete the massage therapy diploma program.

ANXIETY	ARTHRITIS	ASTHMA	BRUISING TENDENCY	CANCER
CARPAL TUNNEL	CHRONIC FATIGUE	DIABETES	DEPRESSION	DIZZINESS
EPILEPSY	HEADACHES	HEART DISEASE	HEMOPHILIA	HERNIA
HIGH BLOOD PRESSURE	JOINT PAIN	LYME DISEASE	LOW BLOOD PRESSURE	PREGNANCY
PTSD	SEIZURES			

Please explain:_____

Any Musculoskeletal Problems?_____

Upper Extremity?_____ Lower Extremity?_____

Lower Back?_____ Neck?_____

Vertebral/Disc Problems?_____ Where? _____

Are any of the symptoms aggravated by:

Standing?_____ Walking? _____ Sitting? _____ Bending?_____ Lying? _____ Massage? _____

Have you had any other illnesses, injuries, or operations?

_____

Have you ever been compelled to interrupt your work or study for a substantial period of time or substantially reduce your workload because of physical disability, illness, or emotional difficulties?_____

If yes, please attach a doctor's statement giving nature of ailment or disability.

Please list any medications taken on a regular basis_____

_____

I have been truthful and honest in answering the questions on this form. If my medical condition changes while I am enrolled in the school, I will notify my instructors at once of the changes. I understand that if this occurs, I may need to acquire a doctor's note to continue the program.

_____

Signature Date