

# APPLICATION

Arizona School of Myotherapy  
777 W 27th St, Yuma, AZ 85364  
(928) 276-4605

Please complete this application and return it via person or email:

- \$50.00 Application fee, needs to be paid upon turning in application
- Copy of high school diploma or GED equivalent or College Transcript
- State ID or Government ID

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred Session          Spring                  Summer                  Fall

In case of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Education

Name of High School \_\_\_\_\_ Address \_\_\_\_\_ Degree \_\_\_\_\_  
Name of College \_\_\_\_\_ Address \_\_\_\_\_ Degree \_\_\_\_\_  
Name of Technical or Vocational \_\_\_\_\_ Address \_\_\_\_\_ Degree \_\_\_\_\_

Any Pervious Massage Therapy Training

\_\_\_\_\_

Have you ever been convicted of a Felony, if so explain?                  YES / NO

\_\_\_\_\_

\_\_\_\_\_

Any medical communicable diseases in the last 2 years, if so explain?                  YES / NO

\_\_\_\_\_

\_\_\_\_\_

Any mental or physical condition that the staff will need to know that may be helpful to your success?

\_\_\_\_\_

\_\_\_\_\_

Please list two references (Other than family)

Name: _____	Name _____
Address _____	Address _____
City, State, ZIP _____	City, State, Zip _____
Telephone _____	Telephone _____

*I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read Arizona School of Myotherapy policies as stated on our online pages.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent of Garden (*underage Applicant*) \_\_\_\_\_ Date \_\_\_\_\_

*(Below this line is for School Admin Only)*

\_\_\_\_\_

Date Application Received: \_\_\_\_\_ Application Reviewed by: \_\_\_\_\_

Any comments regarding Application or missing information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant:            APPROVED / DENIED

Reason Appicante Denied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_