



APPLICATION FORM 2022

Name: _____ S.S.# _____
For licensing, the name on your diploma and transcript must exactly match your legal identification.

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Gender: _____ Age: _____ Date of Birth: ____/____/____

Admissions Information:
How did you hear about our school?

What is your educational background?

Please circle the last year completed in each category.

High School 1 2 3 4 College 1 2 3 4

Are you a high school graduate or have you obtained your G.E.D.? ____ Yes ____ No

(A High School diploma or GED is required to become a Licensed Massage Therapist in Pennsylvania)

Degrees obtained:

Who should we notify in case of emergencies?

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Please describe your state of health. Include disabilities.

Have you ever been convicted of a felony or misdemeanor? Yes No – *If yes, please explain on a separate sheet of paper. Pennsylvania requires licensure to practice and a criminal conviction may be an impediment to becoming licensed. Please be forthcoming regarding any criminal history you might have.*

Pittsburgh School of Massage Therapy will not be held liable for inability to obtain licensure.

How will your tuition be paid?

Self Private loan PghSMT Loan: 12 Month 24 Month 36 Month 48 Month
 Friend/Relative Other, please specify: _____

If accepted, when would you like to start classes?

Winter 2022, 1/3/2022

- M/T Early (9:00 or 9:30 thru 5:30 or 6:00)
- M/T Late (1:30 or 2:00 thru 10:00 or 10:30)

Spring 2022, 3/30/2022

- W/Th Early (9:00 or 9:30 thru 5:30 or 6:00)
- W/Th Late (1:30 or 2:00 thru 10:00 or 10:30)

Summer 2022, 6/27/2022

- M/T Early (9:00 or 9:30 thru 5:30 or 6:00)
- M/T Late (1:30 or 2:00 thru 10:00 or 10:30)

Fall 2022, 10/5/2022

- W/Th Early (9:00 or 9:30 thru 5:30 or 6:00)
- W/Th Late (1:30 or 2:00 thru 10:00 or 10:30)

Please remember that in addition to the times listed above, you will be responsible for six sessions of the intern clinic class. This class meets on Saturdays and some weekday evenings or mornings. These class sessions are scheduled outside of the regular schedule times listed above.

What is the one obstacle that would prevent you from starting school?

List the reasons why you want to continue your education and how you believe it will benefit you in the future?

Application checklist:

(Materials can be hand-delivered, mailed or e-mailed to admissions@pghschmass.com)

I have included the following information with my application or have made arrangements for it to be sent:

- Complete application form
- A brief autobiographical statement detailing my interest and/or experience in massage therapy as a profession. State why you have decided on massage therapy as a profession. Include your reasons for continuing your education and how it will benefit you in the future. Take as much space as you need.
- Two letters of character reference from people who know me personally.
(include addresses and phone numbers for verification)
- Most recent school transcript or copy of college degree.
- Twenty-five-dollar (\$25.00) application fee. (Your application will not be processed without this fee.)

I certify that the above information, and the information attached, is true and correct to the best of my knowledge, information, and belief. I understand that it will be held in confidence and will be used only to determine the degree to which I may benefit from this training.

Signature: _____

Date: _____