



Boulder Massage Therapy Institute

Continuing Education Student Application

Name _____ (as on your state license)
 Preferred name in class: _____ Phone _____ mobile / land
 Address _____ City _____ State _____ Zip _____
 Email _____ Massage license # _____ State _____ Exp. _____
 DOB _____ Gender F ___ M ___ TGFTM _____ TGMTF _____ SS# _____

I am applying for the following course(s) or program at this time: circle the course dates or advanced program

Course(s) at right or program below	myofascial release	sports massage	craniosacral techniques	Asian energetics	oncology & geriatrics	structural integration
Spr 2019 adv	04/03 - 05/08	04/04 - 05/09	05/15 - 06/26	05/16 - 06/27	07/10 - 08/14	07/11 - 08/15
Fall 2019 adv	09/25 - 10/30	09/26 - 10/31	11/06 - 12/18	11/06 - 12/18	1/8/19 - 2/12/20	1/9/19 - 2/13/20

Emergency Contact: Name _____
 Relationship _____ Address _____
 City _____ State _____ Zip _____ Phone(s) _____

How did you hear about The Boulder Massage Therapy Institute?

Personal recommendation _____ Name of person _____
 Ad: Online _____ Print _____ Website or advertisement? _____

The following items are to be included with your application:

1. A copy of your state massage license, official transcript from a 500-hour + massage school, or completion of BMTI's 625-hour program previous to the course start date.
2. Personal Statement including the following:
 - why you are taking this course at this time,
 - what benefits you hope to obtain from taking this course,
 - length of time you have been in practice, modalities practiced and advance trainings,
 - why you feel that BMTI is the right place for your continuing education needs,
 - current or expected medical conditions during the course, such as pregnancy or communicable diseases, for which the school may need additional supplies,
 - and any physical or learning support you may need during the course.
 - Also, please explain any crime conviction which may show on your record (not including misdemeanors or traffic violations).
3. Submit \$25 application fee
 By check with application: mail to: BMTI, 6658 Gunpark Drive, 3rd Floor, Boulder, CO 80301
 By credit/debit card (fee applies): Pay Pal button on website application page *or* call 303-530-1270

Submit your completed, signed, and dated application, along with your personal statement, and application fee by mail to the address above or by email to info@BoulderMassageInstitute.com.

I have completed this application. The information I have given is true and correct to the best of my knowledge.

Signature _____ Date _____