



SCHERER  
INSTITUTE  
of  
NATURAL  
HEALING

## Application for Admission - All Programs

**Please fill out this application form and submit all requested materials. Information on this form will be kept strictly confidential within our staff. It is requested by our staff so that we can better determine and meet your needs as a student. Please use additional sheets of paper as needed to answer questions.**

Please check the program(s) you are applying for:

Certification Programs:

- Full-time 700-hour  
 Part-time evening 700-hour  
 Part-time day 700-hour

Specialization Programs:

- 300-hour Holistic Medical Massage  
 Other Specialization Program

Please list \_\_\_\_\_

Please note: Students applying for a 700-hour Certification and the Medical Massage programs will receive a 1000-hour diploma.

Name \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Male ( ) Female ( ) Marital Status \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Dependents (names and ages) \_\_\_\_\_

Present Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

Past Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

Professional reference to provide character references.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Previous massage training and licensures, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Name of someone to be notified in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you a US Citizen? Yes  No

Immigration status if not a US Citizen: \_\_\_\_\_

The information on this form is true and complete to the best of my knowledge. I certify that I have received and read a copy of the current catalog. I agree to not hold the school, instructors, or students responsible for any injury caused due to my failure to disclose any medical conditions. Should there be any change in the content of the information I have given here, including my medical condition, I will immediately notify the administration and/or instructors.

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

# Health Information

## FOR ALL PROGRAM APPLICANTS

1. Please describe any previous or current medical or psychological conditions that might affect your performance as a student and future massage therapist. Please include surgeries or injuries.
2. Are you currently receiving medical or therapeutic treatment of any kind? Yes\_\_\_No\_\_\_If yes, please list.
3. Are you taking medication regularly? Yes\_\_\_No\_\_\_If yes, please list:  
We will request your written permission to speak with your health care provider if necessary.
4. Do you have any challenges or difficulties with regard to the learning and classwork? Yes\_\_\_No\_\_\_ If yes, describe:

## FOR MASSAGE THERAPY CERTIFICATION APPLICANTS ONLY

**Please answer the following questions on a separate sheet of paper. Be as detailed, concise, and candid as possible within 2-5 pages.**

1. Write about your educational history, both formal and informal.
2. What experiences have you had with massage and/or other healing arts?
3. Discuss your short- and long-term goals, explaining how attending massage school is relevant.
4. What are your strengths as a student?
5. Describe what you foresee as the main challenge or obstacle that you may have to work through to become an effective therapist.
6. Write about your experience with groups. Describe how you participate.
7. Write about your financial situation, how you plan to support yourself, and how you will pay tuition.
8. If you are applying for the Certification course and have ever been convicted of a felony, please contact us directly, as it may determine your eligibility for massage licensure.

Certification Applicants – Send us the following to complete your application:

- \$50 application fee
- Recent photo of yourself
- Up-to-date resume
- Copy of a High School transcript, GED, or college transcript
- Completed and signed application form, including essay questions

**Please return this form and all of the required materials to:  
Scherer Institute of Natural Healing  
PO Box 5737 Santa Fe, NM 87502-5737**

*The Institute reserves the right to make changes in the program, staff, and general layout in order to adjust to State licensing guidelines and to student and staff evaluations.*

Scherer Institute of Natural Healing  
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