

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 M S

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 Phone
Address
2. Name Relationship Phone
Address

Previous message 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.
9. How did you hear about Scherer Institute, and what made you decided to apply to this school?

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
Mailing Address: PO Box 5737, Santa Fe, NM 87502-5737
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