

Florida Medical Massage Institute

859 Birman Street • Maitland, FL 32751

407-399-0403 • thynoski@ATT.net

APPLICATION FOR INTERNSHIP PROGRAM

Tuition: \$1,500
100 Hour Internship Certification Program

Date of Application: _____

Clip **Two** Passport Sized
Photographs Here

2" X 2"

This application is to be completed in detail, signed by the applicant and returned with: **two passport sized photographs, two letters of reference from Health Care Professionals, essay answers to question 24, copy of your license and insurance, and deposit or tuition payment.**

Call 407-399-0403 to schedule an interview for entrance into the program.

Please PRINT

1. MA License Number: _____ Years in Practice: _____

2. Applicant _____
Last Name First Name Middle Nick-Name

3. Are you known by any other name(s)? Yes No
If yes, list: _____

4. Mailing Address _____

5. City/State/Zip _____

6. Telephone _____
Home Work Pager/Cellular

7. E-Mail Address: _____

8. Date of Birth _____ 9. Age _____ 10. Gender: female male

11. Citizen of U.S.: Yes No If No, where? _____

12. Marital Status _____ # of Children _____

13. In case of an emergency, who would you like for us to contact on your behalf?

Name: _____ Phone #: _____

Relationship to you? _____

14. Name of Massage School you graduated from: _____

15. List any college or vocational school(s) attended.

Name _____	Dates attending: _____		
What area(s) of study? _____	Degree? _____	Yes	No
Name _____	Dates attending: _____		
What area(s) of study? _____	Degree? _____	Yes	No

16. Current Occupation: _____

17. Place of Employment: _____

Address/City/State/Zip: _____

18. What hours do you work? _____

19. Supervisor's Name: _____ Phone: _____

20. On a separate sheet of paper, please list the past 5 years employment (if applicable). Please include Name of Company, Name of supervisor, address, phone number, your title or position, your start and end date of job:
Check appropriate response: list attached not applicable to me

21. Have you ever been convicted of a crime? Yes No
If yes, please give details (no need to mention minor traffic violations):

22. Have you been treated for any mental or physical conditions in the past 5 years? Yes No
If yes, please give details (conditions other than cold or minor injuries)

23. Please list two people from whom we can expect to receive a letter of reference.

1. Name: _____

Phone #: _____ Relationship: _____

2. Name: _____

Phone #: _____ Relationship: _____

24. On a separate sheet of paper, please complete an essay response to each question and submit with your application. This information helps us to assess your application and intention in applying to the program.

1. Do you have any previous professional experience or training in medical massage?
2. List any professional expertise/special training you have received in the past five (5) years.
3. Do you have any learning disability or physical disability, which could affect your training?
4. Explain why you would like to learn medical massage.
5. Explain why you would be an asset to the medical massage profession.
6. What are your career plans?
7. Why have you chosen our program for your educational services?

I certify that the information given in this application is true and correct. I understand that providing any false information constitutes grounds for dismissal for the program. The information provided is held as confidential information.

Applicant's Signature: _____ Date: _____

Please indicate your source of referral to our program:

Individual Name: _____ Phone #: _____

Website Other Internet Site _____ Central Florida School of Massage Therapy