



Application for Admittance

Name: _____ Date _____
Last First Middle

Home Address: _____
Street Apt City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Age _____ Birth date _____ Social Security Number _____

Marital Status _____ Course applying for (date) _____ A.M. Class P.M. Class

How did you hear of this course? _____

Emergency Contact (Name) _____

Home phone _____ Work _____ Cell _____

Are you employed: Yes No If yes, where _____ Contact Name _____

Employer's Address: _____ Phone _____

Educational Background

High School: Graduate GED Non-Graduate (Explain separately)

College: Graduate Degree(s) held: _____

Non-Graduate number of years attended: _____

Please include With Application:

- A current resume or written description of your work experience, as well as any previous massage training or related experience. Include copies of certificates of completion.
- Copy of high school diploma or GED. (University transcripts can take the place of diploma/GED.)
- A written account of your personal and professional goals, as well as your reasons for wanting to take this course.
- Two letters of reference: (1) personal – from someone who has known you at least 3 years, and (1) academic or professional, preferably from someone who has known you at least 1 year.
- A written explanation of how you plan to pay the course tuition.
- **\$100 Registration Fee.** Please issue a check or money order (not cash) with the above information to avoid any delays. This fee is non-refundable after (5) business days from receipt or if applicant has begun class. The registration fee is not included in the tuition costs.

All applicants will be required to complete a background check prior to admittance. After you complete this application you will be contacted by AICM and given instructions on how to complete and pay for your background check online.

Please return application along with the information requested and registration fee to:

American Institute of Clinical Massage, Inc.
4365 Inverness Dr., Post Falls, ID 83854
Phone (208) 773-5890 ~ Email registrar@aicm.edu ~ Website www.aicm.edu
~ MasterCard, Discover, Visa, and American Express Accepted ~



APPLICATION FOR ADMITTANCE

This school is licensed under chapter 28C.10 RCW;
Inquiries or complaints (from Washington residents only)
Regarding this or any private vocational school may be made to:

Washington Workforce Training and Education Coordinating Board
128 10th Ave., SW, Box 43105 Olympia, WA 98504-3105
Phone: 360.753.5662
Web: wtb.wa.gov
E-mail Address: wtecb@wtb.wa.gov