



Rexburg College of Massage Therapy Application

669 Pioneer Road #500 – Rexburg ID, 83440

This information is strictly confidential and will only be used for application to the school. Any falsification on this application is grounds for rejection or for termination of enrollment. A \$50 non-refundable application fee is required for processing and reviewing this application.

To receive the \$500 discount, I need to have this application turned in by _____.

Tuition Amount: _____ Discounts received: _____

Personal Information

Name: _____ Phone Number: _____

Address: _____

Social Security Number: _____ Date of Birth: _____ Driver's License #: _____

Email Address: _____ Program of Interest: Sept. Jan. Day Jan. Night May

Gender: M F Marital Status: M S Spouse's Name: _____

Emergency Contact Information:

Name/Relationship: _____ Phone Number: _____

Address: _____

Education & Training:

Do you have a high school diploma? (Please provide a copy of the diploma or transcript, bring it when necessary.) Y N

Do you have your GED? Y N

We do require that you have graduated from high school in order to attend our program. However, we do not require a copy of your diploma. The state will require proof of high school graduation upon application for licensure.

Additional Education (Optional):

School: _____ Dates Attended: _____ Degree: _____

School: _____ Dates Attended: _____ Degree: _____

School: _____ Dates Attended: _____ Degree: _____

Other:

Do you have criminal charges or warrants pending or are you on parole or probation in any state? Y N

If yes, please explain: _____

Have you ever been convicted or plead guilty as an adult or juvenile? (Answer "yes" even if the conviction was sealed or the judgment was withheld.) Y N

If yes, please explain: _____

Please be advised that we have the right to perform a criminal background check and a negative finding may result in a denial of admission to RCMT.

Are you a U.S. Citizen? Y N

Will you need financial assistance or a payment plan? Y N

Have you ever received a professional massage? Y N

Note: Receiving a professional massage is required before a student can be registered. If you answered no, a massage can be arranged to be given by one of our teachers or staff at your own expense.

Do you have any physical ailment that may interfere with your ability to give or receive massage? Y N

If yes, please explain: _____

Are you currently taking any medications? Y N

If yes, please list the names and what they're used to treat: _____

Have you been treated for a communicable disease in the last two years? Y N

If yes, please explain: _____

RCMT reserves the right to deny admission to any applicant who does not demonstrate the ability to receive or give a massage.

Application Fee \$50 Paid: Y N Admin Initial:

Registration Fee \$75 Paid: Y N Admin Initial:

Signature:

Upon signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission or dismissal from the RCMT program and/ or denial of Idaho State Licensure. *I certify that all information provided is complete and true. I understand that RCMT is registered with the State Board of Education in accordance with Section 33-2404, Idaho Code. I also understand that the State Board of Education has not accredited or endorsed any course of study being offered by RCMT, and that these courses may not be accepted for transfer into any Idaho public postsecondary institution.*

Print Name: _____

Signature of Applicant: _____ Date: _____

