

ATHENS INSTITUTE MASSAGE

APPLICATION FOR ENROLLMENT

Name (Last First Middle)

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ E-mail _____

Date of Birth _____ SS No. _____ Gender _____ Citizen of _____

Check Starting Date: ___ Summer/ July ___ Fall/ Sept ___ Winter/ Jan ___ Spring/ April

Educational Background:

High School _____ College _____

Advanced Degrees/ Certificates: _____

Health History: Describe the state of your health. Include disabilities (physical and or learning):

Please list any major illnesses, operations, injuries.

Are you presently under the care of a physician, psychiatrist, or therapist of any kind. If yes, please list their name and the condition being treated. Please list any medication you are taking.

In Case of Emergency Contact (Relationship to student) _____

Name _____ Phone _____ Cell _____

Have you ever been convicted of a felony? _____ If yes, please use a separate piece of paper to explain.

Do you habitually use any illegal drugs (including alcohol)? _____ If yes please use a separate sheet of paper to explain.

How did you hear about A.I.M.?

website ___ brochure ___ friend ___ UUA _____

Please tell us what part of our program most interests you. Include brief comments on why you want to become a Massage Therapist and a brief biography. Attach to this document.

**Please include a non- refundable application fee of \$100. Address check to:
Dr. Heather Koeppel, A.I.M.**

**Mail application to:
Dr. Heather Koeppel, D.C.
485 Huntington Rd. suite 170
Athens Ga. 30606**

**Following receipt of this application an interview will be arranged. At that time we
will need:**

A copy of your high school diploma.

**A letter from your doctor attesting to your good health, freedom from communicable
disease and ability to fulfill the requirements of this program.**

A copy of your resume or work history.

One photograph (head and shoulders).

**Please bring letters of reference from a massage therapist or other professional
health care provider attesting to your suitability for the profession of massage
therapy.**

Thank you. Please sign below.

Student Signature

Date _____