

Extended Interview Form: One word answers are insufficient. Please give detailed and thoughtful answers to the questions.

If Employed:

1. What are your responsibilities at your current job?
2. Could you see yourself working there for the rest of your life?
3. Do you feel that you are well-paid?
4. Give three reasons why you want to make a change and pursue a career in massage therapy at this point in your life.
5. Would you continue to work while in school?
6. What other jobs have you had?

If Unemployed:

1. How long have you been unemployed?
2. Have you been looking for employment? How long?
3. How are you presently supporting yourself?

Educational Background

1. Tell me about your educational background (H.S./college/additional training).
2. What were your average grades?
3. Do you feel you could have done better? Why?
4. Talk about any fears or anxieties you have about returning to school.

Personal Background

1. Do you usually complete things when you start? Please give detailed examples.
2. Because attendance is so important, tell me about your plans for:
 - a. Child Care: Plan A: _____ Plan B: _____
 - b. Transportation: Plan A: _____ Plan B: _____
3. At this point, is there anything I should know that would prevent you from starting and completing school?

Career Investment

1. How much money have you set aside for your career training?
2. What do you feel you can afford on a monthly basis?
3. Will someone be helping you with your tuition and fees?

IPEDS Data

The following information is required by the Department of Education to better track race/ethnicity statistics for federal student aid.

1. Is your race of Hispanic/Latino descent?
2. If no, is your race any of the following? American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White

Referrals

Do you know anyone personally who might be interested in our program?

Name:	Phone:	e-mail:
_____	_____	_____

Name:	Phone:	e-mail:
_____	_____	_____

YOUR SIGNATURE BELOW INDICATES THAT THE INFORMATION YOU HAVE GIVEN ON THIS APPLICATION IS TRUE AND TO THE BEST OF YOUR KNOWLEDGE. SHOULD ANYTHING ON THIS APPLICATION BE FALSELY STATED, IT IS IMMEDIATE GROUNDS FOR DISMISSAL FROM THE PROGRAM.

Applicant Signature: _____ Date: _____

Student Health History Report (Page 1)

The massage therapy program at SSOMTT is a demanding and rigorous process by its very nature. This Health History Report will assist the school in determining whether the applicant has the physical, mental, and emotional resources necessary for a successful experience in the training program. All information disclosed will remain confidential. This form will be kept in the student's permanent file. Please attach an additional sheet of paper when answering the questions if necessary.

1. Describe any past injuries, accidents, traumas or surgeries you have experienced or medical conditions you currently have including any psychological or emotional conditions. Please be specific including approximate dates for each incident or diagnosis, and the treatment(s) you have received or are currently receiving. Also list any medications you are taking for these conditions. _____

2. Have you ever been physically or sexually abused or assaulted? _____ Have you been treated for alcohol, drug or substance abuse? _____ If yes, list any counseling or treatment you have received, along with dates of treatment and the name of the provider.

4. Are you currently under a physician's care (medical doctor, chiropractor, osteopath, acupuncturist, naturopath) or working with a counselor, psychologist, psychotherapist, social worker or psychiatrist at present? _____ If yes, list each provider's name, address, and phone number.

5. Do you have any diagnosed learning disabilities? _____ List the condition, along with the treatment.

6. Describe any difficulties/challenges you have with either classroom learning or at-home study work.

Applicant Personal/Professional Reference Form

Applicant Name: _____

Name of Reference: _____
(please print)

This applicant has applied to study massage therapy in SSOMTT's professional training program. We would appreciate your thoughtful assessment of this applicant's potential to succeed in the program. Please complete this form and return it to the applicant in a sealed envelope or mail it to the attention of the Registrar at:
Savannah School of Massage Therapy Training, Inc., 6413 Waters Ave., Savannah, GA 31406

1. How long have you known this person and in what capacity do you know this person? (employer, professional, church, etc.)

2. In all the time that you've known the applicant, how much contact did you have on a daily basis?

3. What experience, if any, have you had with massage?

4. Would you feel confident referring your friends, associates, family members, patients (if applicable) or yourself to this person for massage therapy? ____ yes ____ no Why or why not?

5. How does he or she get along with other people? _____

6. How would you describe this applicant's communication skills? _____

7. How would you rate this applicant's integrity and dependability? _____

8. Please list some adjectives that describe this person's personality, character and values. _____

9. Please explain why SSOMTT should or should not accept this person into the professional massage course?

9. Additional comments (please use reverse side if necessary): _____

Your Signature: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Please be advised that SSOMTT may contact you for verification of this reference. Thank you.

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Applicant Massage Journal

Applicant Name: _____

Date of Massage: _____

As part of the SSOMTT application process, we require that you receive at least one full-body massage from a professional, licensed therapist. This ensures that you experience what a professional massage session entails.

After you receive the massage, please answer the following questions and return the journal signed by you and the practitioner along with your application to SSOMTT. Feel free to write on the reverse side of this form or attach additional sheets if you require more space.

1. How did you feel prior to the massage? _____

2. Please describe what physical, mental, and emotional responses you experienced during the massage.

3. What did you like best and least about the massage? _____

4. What did you learn about yourself from this experience? _____

5. What are your perceptions of massage therapy as a career and did this experience have an impact on those perceptions?

Message Practitioner Name: _____

Date of Massage: _____

Message Practitioner Phone: _____

Email: _____

Message Practitioner Business Name/Location: _____

Message Practitioner License Number: _____

Date Expires: _____

Message Practitioner Signature: _____

Please be advised that you may be contacted by SSOMTT for verification of this massage. Thank you.

The following are Licensed Massage Therapists & Graduates of SSOMTT who offer discounted massage to prospective students applying to SSOMTT:

Erin Ferrell, LMT
A Perfect Touch Massage
325 Eisenhower Dr. Suite A
Savannah, GA 31406
912-656-4486

Casey Horan, NCLMT
Horan Therapeutic Massage
8400A Abercorn St. Suite 107
Savannah, GA 31406
912-484-5809

Todd Norris, LMT
Titus Sports Chiropractic
7373 Hodgson Memorial Dr.
Savannah, GA 31406
912-355-3170
912-596-5833 (cell)

REQUEST FOR OFFICIAL TRANSCRIPT

Attention Registrar: Please include a grading scale and class rank with all transcripts.

Send to: Savannah School of Massage Therapy Training, Inc.
Attention: Admissions
6413 Waters Avenue
Savannah, GA 31406
912-355-3011



Name of Student	Maiden(Surname)	SSN	Date of Birth
Name of High School/College	Date Attended	Signature of Student	Date

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Savannah School of Massage Therapy, Inc.

Entrance Assessment Form

Please complete the following questions. This is an assessment of your current understanding of massage therapy, ethical standards, and other similar questions relating to the massage industry.

1. Please give an example and explanation of when you had to work with a group of peers to accomplish a specific project. Were you successful and why?
2. Please give an explanation for a correct way to handle conflict with your peers as related to a school setting.
3. How do you respond to correction and praise from that authority?
4. Please list your top five core values (*family, confidence, knowledge, wealth, etc.*).
5. It is understandable that everyone has personal conflicts at times (*illness, work schedule, family obligations, etc.*). Please explain how you will handle personal conflicts in relation to completing your schooling at SSOMTT.
6. How do you feel about personal boundaries? How would you go about determining another person's boundaries?
7. Please give an example and explanation of a time where you were involved in a situation where you were wrongly accused of something and how you resolved that situation.
8. How would you handle a client that arrived for an appointment with offensive body odor?
9. How do you think you would handle a situation where a client made a sexual advance toward you?