



**PITTSBURGH SCHOOL**  
OF  
**MASSAGE THERAPY**

3600 LAKETON ROAD  
PITTSBURGH, PA 15235  
412.241.5155  
800.860.1114

**APPLICATION FORM 2018 - 2019**

Name: \_\_\_\_\_ S. S. # \_\_\_\_\_

*Please print your name exactly as it appears on your legal identification.  
For licensing purposes, this is what must appear on your diploma and transcript.*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Admissions Information:**

**How did you hear about our school?**

**What is your educational background?**

Please circle the last year completed in each category.

High school      1      2      3      4      College      1      2      3      4

Are you a high school graduate or have you obtained your G.E.D.? \_\_\_\_ Yes \_\_\_\_ No

*(A high school diploma or GED is required to become a Licensed Massage Therapist in Pennsylvania)*

Degrees obtained:

**Whom should we notify in case of emergencies?**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please describe your state of health. Include disabilities.**

**Have you ever been convicted of a felony or misdemeanor?**  Yes  No - *If yes, please explain here on a separate sheet of paper. Pennsylvania requires licensure to practice and a criminal conviction may be an impediment to becoming licensed. Please be forthcoming regarding any criminal history you might have.*

**PghSMT can not be held liable for inability to obtain licensure.**

**How will your tuition be paid?**

Self     Private loan     PghSMT Loan     Friend/Relative     Other, please specify:  
\_\_\_\_\_ Loan Term  12 Month  24 Month  36 Month  48 Month

*continued on back*

*If accepted, when would you like to start classes and on which schedule:*

**Summer 2018, 7/9/2018**

- M/T (early, 9:00 or 9:30 thru 5:30 or 6:00)
- M/T (late, 1:30 or 2:00 thru 10:00 or 10:30)

**Winter 2019, 1/7/2019**

- M/T (early, 9:00 or 9:30 thru 5:30 or 6:00)
- M/T (late, 1:30 or 2:00 thru 10:00 or 10:30)
- M/T Evenings and Saturday (*Up to 15 months to complete*)

**Fall 2018, 10/3/2018**

- W/Th (early, 9:00 or 9:30 thru 5:30 or 6:00)
- W/Th (late, 1:30 or 2:00 thru 10:00 or 10:30)

**Spring 2019, 4/3/2019**

- W/Th (early, 9:00 or 9:30 thru 5:30 or 6:00)

***Please remember that in addition to the times listed above, you will be responsible for six sessions of the intern clinic class. This class meets on Saturdays and some weekday evenings or mornings. These class sessions are scheduled outside of the regular schedule times listed above.***

**What is the one obstacle that would prevent you from starting school?**

**List the reasons why you want to continue your education and how you believe it will benefit you in the future:**

**Do you have any prior credit to be considered for transfer?** \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide transcripts within 14 days from the signed date on this form.

**Application checklist:**

(Materials can be faxed to 412.241.4933, mailed or E-mail to [admissions@pghschmass.com](mailto:admissions@pghschmass.com))

**I have included the following information with my application or have made arrangements for it to be sent:**

- Complete application form.
- A brief autobiographical statement detailing my interest and/or experience in massage therapy as a profession. State why you have decided on massage therapy as a profession. Include your reasons for continuing your education and how it will benefit you in the future. Take as much or as little space as you need.
- Two letters of character reference from people who know me personally (include addresses and phone numbers for verification)
- Most recent school transcript or copy of college degree.
- Twenty-five dollar (\$25.00) application fee. (*Your application will not be processed without this fee.*)

**I certify that the above information, and the information attached, is true and correct to the best of my knowledge, information, and belief. I understand that it will be held in confidence and will be used only to determine the degree to which I may benefit from this training.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_