

Application for Admission to Postural Bodyworks Institute

Complete this application and send it, along with the required items, to:
Postural Bodyworks Institute 6944 Vaughn Road, Montgomery, Alabama 36116

Registration Checklist: (please Check) <input type="checkbox"/> I have Completed and signed the Application <input type="checkbox"/> I have enclosed \$100 Non-Refundable Registration Fee <input type="checkbox"/> I have enclosed a of Copy of High School or College Diploma/Transcripts, or GED <input type="checkbox"/> I have enclosed 1 Letter of Recommendation that is current and addressed to PBI. <input type="checkbox"/> I have answered all Personal Essay Questions <input type="checkbox"/> I have attached Passport –size Photo– Stapled on front of Application <input type="checkbox"/> I have received a full-body professional massage (<i>prerequisite</i>) All checklist items must be in your file, prior to calling PBI(334-279-5813) for interview.	Attach Photo Here
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Please check the Term/Program, and fill in the following information. (Each Program start date is dependent on Enrollment numbers. Please indicate first and second choice by writing a 1 or a 2 in the appropriate box.)

I am registering for: Spring Day Program Summer Evening Program Fall Day Program Winter Evening Program

I have received a full body professional massage. Therapist Name: _____ Date: _____

Please type or print all information.

Application Date: ____ / ____ / ____

1. Applicant Data Birth date: ____ / ____ / ____ Age: ____ Gender: M F SSN: ____ — ____ — ____

Name: _____ Marital Status: Single Married Divorced
Last First M.I.

Address: _____
Street City State ZIP

Telephone: _____
Area Code/ Home # Area Code/Work # Area Code/Cell #

Current Employment: _____
Company Job Title

Employment Address: _____
Street City State Zip Code

EMAIL ADDRESS: _____

2. Education

High School: _____ Year of Graduation : _____
Name City State

GED: _____ Year received GED: _____
Name City State

College/University: _____ Degree: _____ Year: _____ Field: _____

College/University: _____ Degree: _____ Year: _____ Field: _____

Other: _____

3. Emergency Contact

Name: _____ Relationship: _____
Last First

Area Code/Telephone: _____
Day Evening Cell

4. Medical History (If you answer yes to any of the medical history questions, a physician's release may be required.)

History of any serious Medical Problems? Yes No If yes, describe the nature of the illness: _____

Do you have any muscle/skeletal injuries or communicable diseases? Yes No If yes, please explain: _____

Is medical supervision required? Yes No If yes, please explain: _____

Are you currently under a doctors care? Yes No If yes, please explain: _____

Are you currently taking any medication? Yes No If yes, please list: _____

Any physical limitations that might inhibit your ability to learn in a classroom environment that includes giving and/or receiving massage therapy, observing demonstrations, seeing the blackboard/whiteboards and television, and listening to lectures?

Yes No If yes, please explain: _____

Any sight or hearing problems? Yes No If yes, please explain: _____

5. Legal History

(If you answer yes to any of the questions under **ITEM 5, Legal History**, please schedule and appointment with the School Director to discuss your eligibility for licensure before applying for the Program.)

1. Have you ever been convicted of, or entered a plea of guilty of nolo contendere, regardless of adjudication, to a felony?

Yes No If yes, please explain: _____
(if "no" do not answer 2)

2. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction? Yes No

6. Personal References

Please list information for two references other than family. One reference can be the same as your letter of recommendation.

Name: _____ Relationship: _____
Last First

Address: _____
Street City Zip Code

Area Code/ Telephone: _____ Day Evening

Name: _____ Relationship: _____
Last First

Address: _____
Street City Zip Code

Area Code/ Telephone: _____ Day Evening

7. How were you originally referred to Postural Bodyworks Institute?

Graduate Therapist Faculty Publication Ad Website Email Health/Wellness Fair Yellow Pages

Other: _____

8. Admission Short Answer Essays

The purpose of this phase of the application process is for us to get to know each other, using a short essay format. Massage re needs to be taken in the application process. The input that you put into this process will give us an idea of what we can expect of you as a student. Please provide your short answers to the following questions. The topics are Professionalism, Respect, Attire, Hygiene, Participation, Ability to give/receive massage, Study Habits, and Goals.

Please use the space provided for each topic, or type your responses on a separate piece of paper:

1. Professionalism: Professionalism is the **essence** of therapeutic massage. We believe that massage professionals are, in effect, *ambassadors* of the massage profession. The way we relate, speak, and behave has an effect on the profession as a whole. **What do you think about professionalism as it relates to massage therapy? In other words, how do you plan to demonstrate professionalism as a massage therapist?**

2. Respect: At PBI we believe in equality. We believe that clients, students, staff and faculty should be treated with respect - regardless of race, gender, religious beliefs, sexual orientation, physical disabilities, or personal views . We expect students to respect the teacher as the leader in the classroom and we expect students to respect each other throughout the course. **What would make you feel comfortable and/or uncomfortable in the classroom? What does “respect for teachers and classmates” mean to you?**

3. Hygiene, professional appearance, attire, and wellness: Hygiene professional appearance/attire and wellness are extremely important in the practice of massage therapy. We believe that a massage therapist needs to be free from addictions and mind-altering substances (including some prescription medications). Students need to take special care in terms of personal hygiene, including the trimming of fingernails. Each student is responsible for her/his own level of wellness, including physical fitness, stress management, mental health, and spiritual wellness. Highly visible body art (tattoos) and excessive/obvious body piercing is discouraged. **What are your views in regard to hygiene, professional appearance/attire, and wellness—as they relate to massage therapy?**

4. Participation: We at the PBI, believe that participation is an extremely important part of the classroom experience. We expect everyone to participate fully in every class. Lack of participation (absence, sickness, injury, fatigue) may have an adverse effect on a student's grade. Every student is expected to participate in classroom activities (e.g. stretching, observation of demonstrations, hand-on practice, etc.). **What are your thoughts about classroom participation? Include your views on punctuality /timeliness.**

5. Ability to give/receive massage: Our students need to be able to hear the instructor, and need to be able to see the materials that we use for education. Each student needs to be able to stand, push, lift, and pull as part of practicing massage. Each student needs to be able to give and receive massage - meaning that a student cannot have contraindications to receiving massage treatment. In addition, a student needs to be able to apply sound body mechanics techniques while administering massage. **Do you have any physical limitations that might inhibit your ability to learn in a classroom environment that emphasizes hand-on practice and use demonstrations, overhead projections, blackboard/whiteboards, television, and audio?**

6. Study Habits: We know that the curriculum at PBI can (at times) be challenging. Students and faculty need to be disciplined enough to arrive at school before class begins. We believe that students need to practice good study habits. We've found that most students need about 1 hour of study time for each hour of classroom time especially for the science classes. **What are your plans for time management, as it relates to studying? How many hours per week do you have scheduled for study time?**

7. Goals: Goal setting is an important step in any successful venture. **What goals would you like to accomplish during massage therapy school? Where do you see yourself 6-months, 1-year, and 3-5 years after graduation? (Be specific)**

9. I hereby acknowledge all information stated in this Application (including Item 5: Legal History) is true and correct to the best of my knowledge.

Signature: _____

Date: _____