



COHUTTA HEALING ARTS INSTITUTE
SCHOOL OF MASSAGE

APPLICATION FOR ADMISSION

Today's Date: ____/____/____

Last Name: _____ First: _____ Middle: _____

Birthdate: ____/____/____ M / F S.S. #: _____

Address: _____ City/ST/Zip _____

Home Phone #: (____) _____ - _____ e-mail: _____

Cell Phone #: (____) _____ - _____ Occupation: _____

Work Phone #: (____) _____ - _____ Employer: _____

Emergency Contact: _____ Phone #: _____

Education: ___ High School Diploma ___ GED ___ College or Trade School

If you have any physical limitations and/or learning disabilities that will necessitate special accommodations during your education here please list details and special needs:

Do you hold any professional licenses in this or other states? ___ Yes ___ No

If so, state & license #: _____ Exp. _____

Have you been convicted of a crime, other than a minor traffic violation?

___ Yes ___ No If Yes, please explain: _____

A background check is required for admission to our program. Do you agree to the background check & agree to submit additional information if required? ___ Yes ___ No

It is our duty to inform you that your admission to and completion of the Massage Therapy Certification Program is not a guarantee that you will receive a license. The Georgia Massage Therapy Board has the statutory authority to deny a license to anyone found to be deficient in moral character. Your signature indicates that you attest that everything on this application is true and that you understand that Cohutta Healing Arts Institute, Inc. is not making any claims that you are guaranteed to receive a massage therapy license.

Signature: _____ Date: _____

*Return this Application for Admission to the Cohutta Healing Arts Institute, located at
29 North Avenue, Ellijay, GA 30540.*



APPLICATION CHECKLIST

The following documentation must be attached to your Application for Admission.

Applications with incomplete documentation will not be considered.

- Copy of your driver's license or passport
- Copy of your Social Security card
- Certified copy of your high school diploma or GED
- Copy of any other professional licenses you hold (if applicable)
- A personally written, typed, one page essay describing your interest in becoming a massage therapist
- Signed Approval form for State Background check
- Non-refundable Application fee of \$100

Once you have submitted your Application for Admission you will need to schedule an interview with a Director of Cohutta Healing Arts Institute, Inc. You will need to complete and bring the following documentation to the interview so that the Director can sign off that you have submitted all the required forms. This does not guarantee that you will be accepted, but all the required documentation is necessary for the consideration process to begin:

- Signed copy of your Student Contract Form
- Copy of your Financial Plan Form
- Sign off of a Director of Cohutta Healing Arts Institute, Inc. obtained during the interview

Notes: _____

Scheduled Interview Date & Time: _____

Director's Sign Off: _____

*Return this Application Checklist to the Cohutta Healing Arts Institute, located at
29 North Avenue, Ellijay, GA 30540.*