



PITTSBURGH SCHOOL
OF
MASSAGE THERAPY

3600 LAKETON ROAD
PITTSBURGH, PA 15235
412.241.5155
800.860.1114

APPLICATION FORM 2019-2020

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

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

Spring 2019, 4/3/2019

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

Fall 2019, 10/2/2019

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)

Summer 2019, 7/8/2019

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)

Winter 2020, 1/6/2020

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*)

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)

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: _____

1/28/2019