



NEW MEXICO SCHOOL OF NATURAL THERAPEUTICS

202 Morningside Dr. SE, Albuquerque, NM 87108 ♦ (505) 268-6870 ♦ admissions@nmsnt.org

APPLICATION FOR ADMISSION

We appreciate you choosing the New Mexico School of Natural Therapeutics. Upon receipt of your application, we will contact you to arrange an interview, either in person or by phone. The purpose of the application & interview process is not to determine if you are the "right" student for us, but rather to help support your educational goals. Our mission is to make our program available to all who believe they can benefit from the study and practice of Natural Therapeutics.

Program Entering: Full-Time March Year: _____ September Year: _____
 Part-time May Year: _____ October Year: _____

I. PERSONAL INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Other Names Used (if any): _____ Marital Status: _____

Current Mailing Address: _____ City/State/Zip Code: _____

Permanent Mailing Address (if different from above): _____

Preferred Contact: Home Cell Home: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Male Female Social Security Number: _____

Citizenship: U.S. Other (Specify Country): _____ Visa Type(Non-US Citizen): _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Do we have your permission to conduct a background check if necessary? Yes No

Please designate someone to be notified in case of emergency:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

How did you hear about the school? _____

II. ACADEMIC BACKGROUND

High School Graduated From: _____ City/State: _____ Year: _____

GED Received From: _____ City/State: _____ Date Received: _____

Please list any colleges or universities you have attended starting with most recent:

Name of Institution	City/State or City/Country	Dates of Attendance	Name of Degree, Diploma, or Certificate	Month/Year Expected or Received

III. PERSONAL REFERENCES

Name	Relationship	Phone Number	Email Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____

IV. ACTIVITIES AND WORK EXPERIENCE

Please list employment or career-related experience:

Employer	Location	Position	From Date	To Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list, if any, holistic health experience (either as a practitioner or recipient): _____

V. HEALTH EVALUATION

Please describe any current medical or emotional conditions that may affect your performance as a student: _____

Are you under medical supervision? Yes No If yes, please explain and list any medications you are currently taking: _____

Please describe any physical problems that may influence your performance as a massage therapist: _____

Please describe any learning challenges that you've experienced in the past: _____

VI. FINAL INSTRUCTIONS

Please check the following to indicate that the application form is complete and all required materials are enclosed.

I have enclosed:

- Completed and signed application form
- Statement of Interest and Intent (essay) explaining how NMSNT will further your personal and professional goals
- Copy of high school diploma, GED, or college transcripts
 - Military Transcripts required** for students receiving funding from the Department of Veteran's Affairs
- Payment for application fee of \$50.00 (non-refundable). Cash, check, debit/credit card, money order accepted
Please make check or money order out to: The New Mexico School of Natural Therapeutics.
- International Students Only** - We require proof of financial capability to cover tuition and living expenses. Please submit a copy of your bank statement or letter from financial institution.

Send your application with all enclosures to: **The New Mexico School of Natural Therapeutics**
202 Morningside Dr. SE
Albuquerque, NM 87108

I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me here in, and in support of this application are complete, true, accurate, and correct. Should I furnish any false information on or in support of this application, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, or revocation of my NMSNT school application. I agree not to hold the New Mexico School of Natural Therapeutics, its instructors, administrative staff or students, responsible for any injury caused because of my failure to disclose any and all medical conditions. Should there be a change in the substance of the information I have given here, including my medical condition, I will immediately notify the school, administrative staff, and/or instructors. I certify that I have received a complete copy of the admissions application.

Signature of Applicant: _____ Date: _____