



# New Mexico School Of Natural Therapeutics

## 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 us 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 Start Date:**    **Full-Time**        **MARCH**     **SEPT.**   
    **Part-Time**        **MAY**        **OCT.**   

### I. PERSONAL INFORMATION

**Full Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

Male ( ) Female ( )    **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_    **E-Mail Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ ( ) U.S. Citizen, **Country of Birth** ( ) U.S. If not U.S. what country? \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

**Telephone (Home)** \_\_\_\_\_ **(Work/Cell)** \_\_\_\_\_

**Address & Phone prior to session** \_\_\_\_\_

Have you ever been convicted of a felony? No ( ) Yes ( ) If yes, please explain \_\_\_\_\_

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

**Please designate someone to be notified in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

### II. ACADEMIC BACKGROUND

Did you complete high school ( ) Yes Indicate Name and Year Graduated \_\_\_\_\_

If no ( ), did you receive a GED? Indicate Place and Date received \_\_\_\_\_

Please list any colleges or universities you have attended:

Name of Institution	City, State, Country (if not U.S.)	Dates of Attendance	Degree Pend./Rec'd.	Degree Date Pend./Rec'd.

### III. REFERENCES

Please give the names and phone numbers of two people whom know you personally or professionally:

Name	Relationship	Phone Number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____

#### IV. ACTIVITIES AND WORK EXPERIENCE

Please list employment or career-related experience:

Employer	Location	Position	From/To
_____	_____	_____	_____
_____	_____	_____	_____

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? No ( ) Yes ( ) If yes, please explain and/or 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.

A. I have **enclosed**:

- ( ) Check or money order (write students name and date of birth on the check) in payment of the \$50.00 application fee
- ( ) **For International Students Only:** We require proof of financial capability to cover tuition & living expenses (copy of bank statement or letter from financial institution)
- ( ) Statement of interest and intent (essay) explaining how NMSNT will further your personal and professional goals
- ( ) A copy of HS Diploma, GED or College Transcripts.
- ( ) Completed and signed application form

Send this form and all enclosures to: New Mexico School of Natural Therapeutics  
202 Morningside Drive SE  
Albuquerque, NM 87108  
(800) 654-1675

*I certify that the information given in this application is complete and accurate. I agree not to hold the school, instructors or students responsible for any injury caused because of my failure to disclose any medical conditions. Should there be any change in the substance of the information I have given here, including my medical condition, I will immediately notify the school and/or instructors.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_