



# Northwest Academy for the healing arts

2707 California Ave SW, Suite 201 • Seattle, WA 98116  
(206) 932-5950 • admin@nw-academy.com

## NWA Massage Program - Admission Application

### Employment History:

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Medical History:

Do you have any medical conditions, that may influence your ability to complete your massage therapy training or that may affect you in the future as a massage practitioner? (These conditions may include, but are not limited to: surgeries, injuries, diseases or psychological disorders. ) Use a separate sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Criminal History:

Have you ever been convicted of a felony or misdemeanor other than traffic offenses? If yes, please explain the situation to the best of your ability. Please note: This information is confidential and will not necessarily hinder you from receiving a Washington State massage license. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Personal References:

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**Program Applying For:**

- 7 Month Massage Licensing Program
- 12 Month Massage Licensing Program **w/ Clinical Bodywork and Rehabilitation**
- 12 Month Massage Licensing Program **w/ Integrative Spa Therapies**
- 12 Month Weekend Massage Licensing Program

Class Time:  AM  PM  Weekend

Start Date: \_\_\_\_\_

**Application Checklist:**

- Transcripts have been ordered from any previously attended schools
- I have included an application fee of \$100.00. **Please make checks payable to Northwest Academy.**
- I have received or scheduled a Northwest Academy school tour.
- I have scheduled a physical assessment with a licensed physician. **If you do not have medical insurance or a primary care physician please contact Northwest Academy for a referral.**

Please note: The fee associated with this application is non-refundable. A Northwest Academy representative will call to schedule a school interview when all completed application materials have been received.

In signing this form, I certify that the statements I have made in this application are complete and true to the best of my knowledge. I acknowledge that it is my responsibility to be aware of all pertinent admission and application requirements. I acknowledge that failure to disclose complete and accurate information, or failure to submit all required application materials may result in the denial of admission or subsequent dismissal from the Northwest Academy for the Healing Arts.

I understand that my application is incomplete without my signature below and that, in order to be considered, my complete application must be signed and submitted prior to the application deadline.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official School Use Only	
School Representative: _____	Interviewed: _____
High School Diploma: _____	Physician Assessment: _____
WA State Background: _____	Application Fee: _____
Accepted: _____	Enrollment Date: _____