

**BLUEGRASS PROFESSIONAL SCHOOL OF MASSAGE THERAPY**  
A SUBSIDIARY OF BLUEGRASS PROFESSIONAL MASSAGE, INC. □  
141 Prosperous Place Suite 22C Lexington, KY. 40509 859-264-1450 859-338-0685  
**APPLICATION FOR ADMISSION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (Best time to call) \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male or Female?: \_\_\_\_\_

U.S. CITIZEN ? **If no, do you have a valid passport and Work/Student Visa to be in this country?** \_\_\_\_ (Y/N)

ARE YOU CURRENTLY EMPLOYED ? \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG HAVE YOU WORKED THERE? \_\_\_\_\_

**EDUCATION:**

Name of school and Date you graduated:

HIGHSCHOOL : \_\_\_\_\_ Date: (Year is fine) \_\_\_\_\_

Did you attend a

COLLEGE OR TRADE SCHOOL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

DID YOU STUDY ANY ANATOMY & PHYSIOLOGY COURSES ?

Please describe :

\_\_\_\_\_  
\_\_\_\_\_  
Have you ever been convicted of a morals misdemeanor or felony? (if yes, explain) \_\_\_\_\_

I certify that all information on this application is complete and correct.

Signed \_\_\_\_\_

DATE: \_\_\_\_\_

Application fee of **\$60.00** must be included with your application. Please read the back of this application, also.

**Please read all attached information before signing this application .....**

**APPLICATION FEE and CLASS DEPOSITS ARE NON-REFUNDABLE**

**PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION**

**(Revised 08/14)**

- You **must** supply an official copy of your high school transcript or a photocopy of your Diploma, or GED Diploma or some type of College Transcript. You must have graduated high school, or have an equivalent.
- Please include a recent small photo of yourself (alone). (Something the size of a wallet photo, no larger than a 4x6)
- If you are not a United States Citizen, enclose a copy of your Work/Student Visa or other documentation that you are in this country legally.
- **Include the non-refundable \$60.00 application fee, payable by check or money order. Do Not send cash through the mail.**
- You must hold a current certification in CPR by graduation day to fulfill program requirements. CPR is included in your tuition fee. You may use a CPR certification obtained elsewhere, but the test date must be less than a year old on your last day of class.
- I am interested in the Sunday\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_**day** class in Lexington (11-4:30)  
**Check which classes you are applying for, they can be changed at anytime.**
- If you pay your tuition up front to receive the discounted rate, you will have 72 hours from the time you place your application to change your mind and receive a partial refund, the deposit listed in the tuition payments section of our web-page or catalog is still non-refundable and will be deducted from the tuition paid. The deposit is non-refundable regardless of which payment option you choose.
- *Before mailing, make a copy of your application to keep for your records. Be sure to read all the materials sent to you or our webpage in its entirety. Make a list of questions that you may have to bring with you when you come in for an interview.*
- *You will receive confirmation of our receipt of this application by mail, or we may call you to set up an interview date. If you have not heard from us within two weeks of mailing this application, please call us at 859-264-1450. Remember your deposit is due at the time of the interview, no later than 72 hours after the interview, so plan accordingly.*

**FOR LICENSED MESSAGE THERAPIST ONLY>>>>>CEU HOME-STUDY COURSES:**

**Fill out the Name and address portion on the front of this application (Include your phone numbers).**

**Print the name of the Home-Study Course you are requesting here:** \_\_\_\_\_

**Enclose the amount of the course's fee along with this application (Check or money order only, no cash or list your Credit Card below)**

**Please allow 2 weeks for your order to be completed. Credit Card #** \_\_\_\_\_

**EXP Date:** \_\_\_\_\_ **Number on back of the card** \_\_\_\_\_ **Name on Card** \_\_\_\_\_

**Your KY license number** \_\_\_\_\_ **NCBTMB number (if applicable)** \_\_\_\_\_