



# Southeastern New Mexico Massage Therapy School

412 W. Main St.  
Artesia, NM 88211-1750  
575-420-44447

## APPLICATION FOR ADMISSION *PLEASE PRINT OR TYPE*

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY- NAME: \_\_\_\_\_

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

### EDUCATION:

HIGH SCHOOL or GED: \_\_\_\_\_ YEARS COMPLETED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

UNIVERSITY/COLLEGE : \_\_\_\_\_ YEARS COMPLETED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

VOCATIONAL SCHOOL: \_\_\_\_\_ LENGTH OF COURSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

OTHER EDUCATION RELATED TO MASSAGE THERAPY: \_\_\_\_\_

LIFE EXPERIENCES RELATED TO MASSAGE THERAPY: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

**EMPLOYMENT:**

CURRENT EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOW LONG EMPLOYED: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOW LONG EMPLOYED: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**PERSONAL CHARACTER REFERENCES:**

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

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ HAVE KNOWN \_\_\_\_\_ YEARS

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

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ HAVE KNOWN \_\_\_\_\_ YEARS

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

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ HAVE KNOWN \_\_\_\_\_ YEARS

HOBBIES AND INTEREST: \_\_\_\_\_

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PLEASE EXPLAIN HOW THE STUDY OF MASSAGE THERAPY RELATES TO YOUR FUTURE:

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All boxes must be checked, and all boxes checked must have the supporting documentation/information requested:

- I am 18 years of age or older
- Attached is a copy of diploma or GED
- Enclosed is a nonrefundable application fee of \$100.00

Under penalties of perjury, I declare and affirm that the statements made in the forgoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial

***Applicant is required to make and keep a copy of this application.***

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

# Southeastern New Mexico Massage Therapy School

Massage Therapy Certification Program

412 W. Main St. P.O. Box 1718

Artesia, New Mexico 88210

575-420-4447

## ENROLLMENT AGREEMENT

### **STUDENT INFORMATION:**

NAME \_\_\_\_\_

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

### **PROGRAM INFORMATION**

Program Name: Massage Therapy Certification Program

Program Length: 650 Hours

Program Start Date: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

### **PAYMENT TERMS & CONDITIONS**

Registration Fee: A \$100.00 registration fee is hereby submitted with this Enrollment Agreement. Amount Received \_\_\_\_\_ Receipt Number \_\_\_\_\_

Tuition	\$8,200.00
Tax	\$647.46
Total	\$8,847.46

### **Equipment and Supplies:**

Includes: Text books, lotions, oils, holster with bottle, AMTA student insurance, and clinical scrub shirt.

Finance option: 20% down (Minimum)

Balance financed for 10 months at 11% flat interest by bank draft.

*Partial training is offered for those who need extra hours to complete training needed for New Mexico Licensure at \$15.00 per hour.*

### ***Classes are scheduled:***

#### **Mid-Week**

Tuesday-Thursday 5p.m.-10p.m.

#### **Second Saturday of September-December**

Saturday 9 a.m. to 9 p.m.

#### **Every other Saturday of January-May**

Saturday 9a.m. to 9p.m.

Schedules may change during school year due to holidays.

**412 W. Main St. Artesia, N.M.88210**

**Phone# 575-420-4447 Lorelei L. Baxter cell**

**Location is between Busy Bee Travel Agency and Landsun Movie Theatre**