



APPLICATION FOR THE PMTI PROFESSIONAL TRAINING PROGRAM 2024

APPLICATION CHECKLIST

- 1. Main Application, including Health History. Complete ALL blanks on all pages thoughtfully and fully, and sign the application.
- 2. Application fee of \$100 can be paid at PMTI's **front desk**, or via PayPal (using the PayPal button on the PMTI website).
- 3. Statement of Purpose must be on a separate page, with at least half-page written or typed.
- 4. Two (2) Personal Reference Forms. Your references should be completed by colleagues, employers, or professional associates (*no family members please*). Have them send it directly to PMTI, or return it to you in a sealed envelope that remains sealed for you to hand in to PMTI.
- 5. Copy of GED, or official transcript sent directly to PMTI from completed high school or college and/or graduate school.
- 6. Massage Journal Form. As part of the PMTI application process, please receive a full-body massage from a PMTI graduate or a current member of the American Massage Therapy Association (AMTA), or Associated Bodywork and Massage Professionals (ABMP), and complete the questions on the form. Sessions in the PMTI Graduate Clinic are acceptable. Sessions in the PMTI Student Clinic are not acceptable.
- 7. Medical Authorization Form, to be completed by a medical professional.

When all materials are assembled, please mail or hand deliver your packet and fee to:

Potomac Massage Training Institute, attention: Admissions
8701 Georgia Ave., Suite 700, Silver Spring MD 20910
or email to admissions@pmti.org

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| APPLICANT INFORMATION | | | | | |
|--|--|-------|---|------------------|--|
| Last Name | | First | | Date | |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | | E-mail Address | | |
| Other Phone | | | | Birth Date | |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| What is your primary language? | | | Do you have an educational visa? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Are you a US Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Additional Information: | | |

| EMERGENCY CONTACT INFORMATION | | | |
|---|--|---------------|--|
| <i>In the case of an emergency we will contact this person.</i> | | | |
| Full Name | | Relationship | |
| Day Phone | | Evening Phone | |
| Address | | | |

| SCHEDULE PREFERENCES | |
|---|---|
| <i>Final placement into sections occurs during registration. Not all course times may be available and space is limited. Please call us if you need to discuss your schedule at (202) 686-7046, or via e-mail at admissions@pmti.org</i> | |
| Term: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter | <input type="checkbox"/> 10-Month All Day (Monday and Wednesday, 9:00 am – 6:00 pm) <input type="checkbox"/> 20-Month All Day (Monday, 9:00 am – 6:00 pm) <input type="checkbox"/> 20-Month Evenings (Monday and Thursdays, 6:00 pm – 10:00 pm) |
| Preferred day to attend stand-alone weekend classes: Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> | |

| OFFICE USE ONLY | | | | |
|------------------|----|----------------|-----------|--|
| Date Received | | By | | |
| App Fee Received | \$ | Payment Method | Receipt # | |

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BACKGROUND AND GOALS

How did you hear about PMTI? (Please check all that apply.)

Website Friend or Colleague Massage Therapist PMTI Graduate/Student Medical Professional

ABMP/AMTA Other Explain:

What influenced your decision to apply to PMTI? (Please check all that apply.)

Info Session Location Staff/Faculty Took a Class PMTI Graduate/Student Cost

Other Explain:

Please list any training or study you have completed in Anatomy and/or Physiology, or other forms of massage and bodywork.

Do you have any learning differences or disabilities?

How much non-professional massage have you given friends and family? How would you describe your experience(s)?

How much professional and non-professional massage have you received? How would you describe your experience(s)?

What are your personal goals in taking the training?

In your opinion, what are the characteristics of an effective massage practitioner?

In your opinion, what would be the benefits to you of receiving massage on a regular basis?

Classes meet for 4 hours each with additional weekend courses, fieldwork, and clinic sessions. We estimate the average weekly time commitment to this program to be a minimum of 20 hours. Please discuss how you plan to meet this commitment.

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Please list your annual income and describe your plan for meeting the cost of this program.

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| EDUCATIONAL HISTORY | | | | |
|---------------------|-------|---------------------|----------------|----------------|
| School & Location | Major | Diploma/Cert/Degree | Dates Attended | Date Graduated |
| | | | | |
| | | | | |
| | | | | |

| EMPLOYMENT HISTORY | | | |
|---------------------|----------|-------------------------|-------|
| Place of Employment | Position | Duties/Responsibilities | Dates |
| | | | |
| | | | |
| | | | |

| BODYWORK TRAINING | | | | |
|-------------------|------------|------------|------------------|----------------|
| Institution | Techniques | # of Hours | Certification(s) | Dates Attended |
| | | | | |
| | | | | |
| | | | | |

| CRIMINAL HISTORY & AFFIDAVIT |
|--|
| <p>In an effort to better serve the public trust, PMTI reserves the right to conduct and/or review a criminal history background check of an applicant and/or of a matriculating student, and to deny an application or dismiss a student based on the commission of a crime, provided that such dismissal or removal is not prohibited by applicable law. Such denial of an application or removal of a student shall be determined on a case-by-case basis. Answers to the following questions are mandatory. Failure to respond to each question will result in the application being returned. Failure to provide accurate, true and correct information shall constitute grounds for denial of your application</p> |
| <ul style="list-style-type: none"> Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? Please include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. For the purposes of this question, driving under the influence and driving while impaired are not considered minor traffic offenses, and should be noted. YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <ul style="list-style-type: none"> Are you now or have you ever been a defendant in a civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, lack of professional competence, or sexual misconduct? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <ul style="list-style-type: none"> Is there currently pending against you, in any state or jurisdiction, a complaint against your professional conduct or competence? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <ul style="list-style-type: none"> With respect to any of the questions above to which you answered "Yes," did any of the proceedings involve sexual misconduct? YES <input type="checkbox"/> NO <input type="checkbox"/> |

If you answered "Yes" to any of the above questions, you must submit on a separate page a complete written explanation of the circumstances surrounding the proceedings, before your application will be considered complete. Please include details to describe: Date and location of the incident, the outcome of the proceedings, any penalty/sentence associated with the incident, and when the penalty/sentence was or will be fulfilled or completed.

Please read the following, then sign and date the statement below:

- PMTI reserves the right to request copies of court documents. All information submitted in accordance with these questions shall remain confidential, except that it may be disclosed to PMTI staff and legal counsel for processing and/or to law enforcement agencies and state, county, and/or local government agencies as needed.
- All application materials submitted remain confidential. The more information that you provide, the less time will be needed to review your eligibility status. If all the appropriate information is not provided, the processing of your application will be delayed and your application may be considered incomplete.
- When receiving massage during practical classes, students must be willing to remove their clothing. Students are required to bring and use sheets and towels for draping. Some techniques of massage work require exposure of breasts or buttocks. PMTI teaches and enforces appropriate draping for privacy, and provides dressing areas. PMTI does not teach and does not permit sexual massage or massage with sexual overtones.
- I understand and agree to participate, if accepted, according to the above guidelines. I agree to follow all the guidelines and policies set forth in the PMTI Catalog and PMTI Student Handbook. I assure that all remarks included in this application are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

APPLICANT HEALTH HISTORY *(this form to be completed by applicant)*

| PERSONAL INFORMATION | | | | | |
|---|----------------------|-------------------|-------------------------|--------------------|----------------------------------|
| Name | | Occupation | | Date of Birth | |
| Have you received a professional massage or other form of bodywork? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, what type? _____ | | | | | |
| HEALTH CARE PROVIDERS | | | | | |
| Name | Phone Number | Type of Treatment | Goals | | |
| | | | | | |
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| GENERAL HEALTH | | | | | |
| What surgeries, injuries, joint problems, mental or physical illnesses do you have or have you had? | | | | | |
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| Please list any medications you are taking, and the condition(s) they are prescribed to treat: | | | | | |
| | | | | | |
| | | | | | |
| Do you smoke? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, how often? _____ | | | | | |
| Do you use alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, how often? _____ | | | | | |
| Do you use drugs? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, explain. _____ | | | | | |
| Do you have allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, to what? _____ | | | | | |
| Are you pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, what is your due date? _____ | | | | | |
| Describe your overall health: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> | | | | | |
| What kind of exercise do you do regularly? | | | | | |
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| Please CIRCLE any of the conditions listed below that you currently have, or have had in the past. Describe details below: | | | | | |
| Systemic Infections: | Mononucleosis | TB | Hepatitis | HIV | Other Virus |
| Cardiovascular: | Heart Attack | Heart Disease | High/Low Blood Pressure | Stroke | Varicose Veins |
| | Phlebitis | Blood Clots | Acute Inflammation | | |
| Musculoskeletal: | Whiplash | Fracture | Foot Pain | Osteoporosis | Scoliosis |
| | Rheumatoid Arthritis | Back Pain/Sprain | Osteoarthritis | Sports Injuries | Torn Ligaments/Cartilage/Tendons |
| Neurological: | Sciatica | Headaches | Slipped Disk | Multiple Sclerosis | Neuropathy in Limbs |
| Skin Infections: | Scabies | Lice | Herpes | Eczema | Burns |
| Cancer: Please describe: | | | | | |
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| Please describe any conditions circled above, or any other condition that has not been listed. Use an additional sheet of paper if necessary. | | | | | |
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I affirm that the above information is true, accurate and current to the best of my knowledge.

Applicant Signature: _____ Date: _____

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PMTI Applicant Massage Journal

| | | | |
|------|--|-----------------|--|
| Name | | Date of Massage | |
|------|--|-----------------|--|

As part of the PTP application process, we require that you receive at least one full-body massage from a PMTI graduate or a member of one of our professional associations, the American Massage Therapy Association (AMTA) or Associated Bodywork and Massage Professionals (ABMP). This ensures that you will have first-hand knowledge of the massage work taught in our program. If you would like the name of professional massage therapists in your area, please visit www.pmti.org, www.amtamassage.org, or www.abmp.com.

After you receive the massage, please answer the following questions and return the journal signed by you to the attention of the PMTI Admissions Department. Feel free to write on the reverse side of this form or attach additional sheets if you require more space.

| | |
|--|--|
| Massage Practitioner's Name (please print) | |
| Massage Practitioner's Signature | |
| AMTA or AMBP Member # | |
| PMTI Graduate? Indicate graduation date | |
| Practitioner's Phone Number | |

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| How did you feel prior to the massage? |
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| Please describe what physical, mental, and emotional responses you experienced during the massage. |
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| What did you like best/least about the massage? |
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| What did you learn about yourself from this experience? |
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PMTI Personal Reference Form

| | |
|----------------------------------|--|
| Applicant Name (Please print) | |
| Name of Reference (Please Print) | |

This individual has applied to study massage therapy in PMTI's Professional Training Program. We would appreciate your thoughtful assessment of this applicant's potential to succeed in the program. Please complete this form (you are welcome to continue on the reverse side of the page if you need more space) and return it to the applicant in a sealed envelope or mail it to the attention of the Director of Admissions at the address listed below. Thank you!

| |
|--------------------------------------|
| How long have you known this person? |
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| In what capacity do you know this person (Colleague, classmate, teacher, employer, counsellor, etc.) |
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| What experience, if any, have you had with massage? |
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|---|
| How would you rate this applicant's integrity and dependability? |
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|--|
| Can you describe how well they get along well with other people? |
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| How would you describe this person's verbal and written communication skills? |
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| If applicable, how would you describe this applicant's academic skills? |
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| Is there anything else you would like to share about the applicant that might be helpful for us to know? |
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| |

Signature: _____ Date: _____

Phone (preferred): _____ Email: _____

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| | |
|----------------------------------|--|
| Applicant Name (Please print) | |
| Name of Reference (Please Print) | |

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How long have you known this person?

In what capacity do you know this person (Colleague, classmate, teacher, employer, counsellor, etc.)

What experience, if any, have you had with massage?

How would you rate this applicant's integrity and dependability?

Can you describe how well they get along well with other people?

How would you describe this **person's verbal and written** communication skills?

If applicable, **how would you describe this applicant's academic skills?**

Is there anything else you would like to share about the applicant that might be helpful for us to know?

Signature: _____ Date: _____

Phone (preferred): _____ Email: _____

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