

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?

In what capacity do you know this person (Colleague, classmate, neighbor, etc.)

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

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

Do they get along well with other people?

How would you describe this applicant's communication skills?

How would you describe this applicant's academic skills?

Please state any reasons why PMTI should or should not accept this person into the three-segment Professional Training Program.

Signature: _____

Date: _____

Phone Number: _____

Email: _____

Please Return to:
Potomac Massage Training Institute
8701 Georgia Ave., Suite 700
Silver Spring, MD 20910
Ph: 202-686-7046