

**Center for the Healing Arts**  
**Identification Form**



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**General Identification Information**

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:

☐ Phone

☐ Email

☐ Text

**Education/Employment**

Please check the type of massage therapy program you are interested in:

☐ Full-Time

☐ Part-Time

☐ Undecided

Do you have a high school diploma or GED?

☐ Yes

☐ No

What high school did you attend? \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Have you attended any other schools or colleges?

Are you employed?

☐ Yes

☐ No

Where are you employed? \_\_\_\_\_

What hours do you work? \_\_\_\_\_

**Industry Passion**

How did you hear about us? \_\_\_\_\_

Have you ever had a professional massage before?

☐ Yes

☐ No

How long have you thought about attending massage therapy school?

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What is the #1 reason you want a career as a licensed massage therapist?

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