

Date Recd	
-----------	--

Kneaded Energy School of Massage Application

Pluiessiuria	undersage Therapy Diploma Program (64 Updates: www.kneadedenergyschool.com	•	Check mark the desired pDayAM OnlyEvening	-	e. Fall Spring
Name: Last	Firs	st	Middle		
Address		Social	Security Number (last 4)	XXX-XX-	
City			State	Zip	
5 11 Di 12 3	llee			Sex _	
Cell Phone	Hon	ne		Date of Birth	
Email					
Education College/High School	Address	Dates Attende	ed Graduation	n	Degree
-	r received a professional n a licensed professional? Y or N	•	rstand that massage schoo	ol Y or N	
	r essay to this application, along with your power or less what your purpose or goal is for at				
Are you profici	ient with the English language; reading, writing and	conversationally spe	eaking? Y or I	N	
Are you a U.S.			of your alien registration, work		en card.
Briefly describ over the last 5	pe your work experience	, ,			
	eferences, known 3 years minimum, 3 separate addi		•		
Name	Complete Mailing Add	Iress including Zip C	Code Phor	ne	Yrs known
					

On a separate sheet of paper, please write a brief assessment regarding academic strengths and weaknesses, attach.

Attach your essay to this application, along with your application fee. Use Black Ink and *handwrite* your essay. Describe in 500 words *or less* what your purpose or goal is for attending a Massage Therapy diploma program and why this program?

Have you been treated for any medical	al/physical/mental	or psychological condition of	ther the	an co	lds	Υ .	or N
or minor injuries, in the past five years			/ai c i tilò	ан СО	ius	. (Zi 14
Check any conditions that apply to yo							
Abdominal PainC	onstipation	Heart Disease		_Lym	nphodema		Skin Problems
Allergy to NutsD	epression	Hip Replacement		_Dial	betes		Neurological Issues
CancerA	sthma	Fibromyalgia		_Mus	scular Disease		Other, explain
Chest PainIn	nplants	Migraines		_Spir	nal Injury		
P	regnancy	Knee Replacement			letal Dysfunction		
-	eizures	Plantar Warts			nmunicable Disea	se	
				_			
Medications, for EMS Purposes:							
	-						
Explain any limitations to study or per	form massage:						
List any previous training or experience	ce relevant to Mass	age Therapy, other Health F	Related	Serv	ices or Vocational	Progra	ıms,
including names of schools and date	s attended.						
North Carolina has a mandatory prac	tice act which man	ns you cannot practice as a	Macca	ao Th	poraniet in this eta	o with	out a liconco
To become eligible for the NC license			iviassa	ige ii	ierapisi iii tiiis sta	e willic	out a licerise.
Demonstrates profit		•			• Obtained L	10 dinla	oma or equivalent
		oved Massage Therapy prog	aram		 Is 18 years 		
		BI background check	grain		•	•	ge of the MBLEx
Successful comple					4 Moral Ch		-
Cassossiai cempie		ioo / ippiiodiion			i wordi On	araoto	Rolololloco
Have you ever been convicted of a m	isdemeanor, a felor	ny or been arrested for any	assault	or se	exual offenses?		Y or N
Have you been treated for substance	abuse in the last 5	vears?	Υ	or	N		
	a. a	, , , , , , , , , , , , , , , , , , , ,	-				
Have you been charged, arrested or o		ition of any law	Y	or	N		
other than minor traffic offenses, if so	explain.						
0.4 NO.4 O 00 000/00) T/ N/ // O	" 5 / (14	15 1 17					
21 NCAC 30.630(20) The North Caro		-	-	-			-
bodywork therapy if an applicant has	a criminai recora o	r tnere is otner evidence tha	it indica	ites tr	ne applicant lacks	gooa n	norai cnaracter.
Attach your essay to this appli	ication along w	ith your application for	a llec	. Bla	ck ink and har	dwrit	a vour accav
Describe in 500 words <i>or less</i> what y	_						-
Decombe in 600 words of 1633 what y	, car parpose or god	a lo for according a Massayt	, ilicia	py uit	olonia program an	⊶ vviiy l	o program:
Student Signature			_ '	Date			
			_				<u> </u>