



**Reflections of Health School of Massage, Inc.**  
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# APPLICATION FOR ADMISSION

Office Use Only

\$100 Application Fee Paid

# \_\_\_\_\_ of \_\_\_\_\_

## APPLICATION INFORMATION

### Program Preference (Check any that apply)

- Weekend  
 Weeknight  
 Weekday

### Program Schedules

Friday 4 PM – 9 PM; Saturday & Sunday 9 AM – 6:30 PM  
 Monday to Thursday 4 PM – 9:30 PM  
 Monday to Thursday 9 AM – 2:30 PM

## STUDENT INFORMATION

Last four of SSN: [Click or tap here to enter text.](#) DOB: [Click or tap here to enter text.](#) Year Graduated: [Click or tap here to enter text.](#)

## FULL LEGAL NAME

Last Name, First Name, Middle Name, Suffix  
[Click or tap here to enter text.](#)

## NAME USED ON PREVIOUS ACADEMIC RECORDS (IF DIFFERENT FROM ABOVE)

Last Name, First Name, Middle Name, Suffix  
[Click or tap here to enter text.](#)

## MAILING ADDRESS

Street Address, Apartment #, City and State, Zip Code  
[Click or tap here to enter text.](#)

**E-Mail Address:** [Click or tap here to enter text.](#)

**Phone Number:** [Click or tap here to enter text.](#)

**US Citizen?**  Yes  No      **Resident Alien?**  Yes  No      **Non-Resident Alien?**  Yes  No

**If no, are you able to document your immigrant status?**  Yes  No

**Have you taken a tour of the campus?**  Yes  No

**May ROHSOM text important updates?**  Yes  No

**Have you requested your academic transcript be sent to ROHSOM?**  Yes  No

**Do you plan to seek massage licensure in Tennessee?**  Yes  No

**Have you had a professional or student massage previously?**  Yes  No

**How did you hear about ROHSOM?**  Social Media  Friend  Former Student  Internet Search  Other

## EDUCATIONAL INFORMATION

**Applying as:**  High School Graduate  College Student\Graduate  General Equivalency Diploma  HISET

**Have you ever been expelled, suspended, placed on probation, or left school for an extended period?**  Yes  No  
 (If yes, please submit additional information with this form. If the previous answer changes after submission of this form, you must notify the school.)

## **STATISTICAL INFORMATION**

Information contained in this section is only used for purposes of statistical analysis and performance reporting to THEC. It is not used in the admission process and will have no bearing on your admission status.

**Gender:**  Male  Female

**Ethnic Identity:** Choose an item.

**Age Group:** Choose an item.

### **Current Employer**

**Company Name, Address, City, State, and Zip**

Click or tap here to enter text.

**Number of Hours per Week:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

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## **LEGAL AND ETHICAL QUESTIONS**

Please answer the following questions honestly as the answers may influence your ability to become legally licensed in many states. Although no question listed below will automatically prohibit you from acceptance into the program, if the answers provided are found to be untruthful, your will be acceptance as a student will be disqualified by ROHSOM.

**Have you previously applied for admission to ROHSOM?**  Yes  No

**Are you able to read, write, speak, and understand English fluently?**  Yes  No

**Do you have any special needs/learning disabilities that require special teaching/instruction during your program at ROHSOM? (If yes, please provide additional information on separate sheet)**  Yes  No

**Do you have any physical, psychological, or emotional problems that could interfere with your performance of any academic or physical work required in the program? (If yes, please explain on separate sheet)**  Yes  No

**Do you currently use any chemical substances/medications that in any way could impair or limit your ability to perform massage therapy safely and skillfully? (If yes, please explain on separate sheet)**  Yes  No

**Are you comfortable with your body as well as giving and receiving touch?**  Yes  No

**Have you ever experienced any form of abuse?**  Yes  No

**If you answered yes to the previous questions, were you able to find a method to come to terms with that experience?**

**Do you have any concerns about any aspects of the program? (If yes, please explain on separate sheet)**  Yes  No

**Other than minor traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? (If yes, please explain on a separate sheet)**  Yes  No

**Have you ever been convicted of any sexual impropriety, including solicitation or Prostitution? (If yes, TN state law states that you cannot apply for or receive a healthcare license. Therefore, you cannot enroll in ROHSOM.)**  
 Yes  No

**Has your name been place on the registry of persons who have abused, neglected, or misappropriated the property of vulnerable individuals in Tennessee or any other state? (If yes, please explain on separate sheet)**  Yes  No

## **FINANCIAL DISCLOSURE**

**How do you intend to pay your tuition?**

In full Prior to Attendance  ROHSOM Payment Plan  Vocational Rehab

## **SIGNATURE**

If accepted, I agree to abide by all school policies & procedures in effect at the time of my enrollment or that may be instated thereafter. I certify that all the information provided on this application, all supporting documents, & subsequent communications are true and accurate. I understand that ROHSOM is not liable for any emergency medical attention provided or for charges incurred from such. I understand all materials submitted for application become ROHSOM's property & will not be returned to the applicant. I understand that ROHSOM may verify the information I have provided in my application & may deny admission if any information is found to be incomplete, inaccurate, or misleading. I authorize release of my transcript(s) by any educational institution noted in this application. I agree to notify the proper officials at ROHSOM of any changes I the information provided.

**Applicant's Signature:** Click or tap here to enter text.

**Date of Application:** Click or tap to enter a date.