



Better Bodies Massage Institute
 458 S. 10th Street
 Opelika, AL 36801
 334-737-1400
www.betterbodiesal.com
 laclark@betterbodiesal.com

Initial Inquiry Form

Please read instructions carefully and complete all questions. This form cannot be processed if questions are left unanswered. **PLEASE PRINT OR TYPE.**

First Name: _____ Middle Initial: ___ Last Name _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Date of Birth (MM/DD/YY): _____ Age: _____

Social Security Number: _____

Are you a citizen of the U.S.? Yes ___ No ___

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

Yes ___ No ___ If yes, please explain:

How did you find out about Better Bodies Massage Institute (BBMI)?

Emergency Contact: - Identify two (2) people to be contacted in case of an emergency:

1. Name _____ Relationship _____

Day Phone () - Evening Phone () -

2. Name _____ Relationship _____

Day Phone () - Evening Phone () -

Program of Interest:

Fall 2016 _____ Spring 2017 _____



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Education – *You must have either completed high school, achieved a GED or High School Equivalency (HSE) before enrolling at BBMI.*

High School Name and Address:

Dates Attended: From: _____ To: _____ Date Graduated: _____

If not a High School Graduate did you obtain a GED? Yes ____ No ____

College/Vocational School Name and Address:

Dates Attended: From: _____ To: _____ Degree Earned: _____

Previously Held Names – Please list all previously held legal names, including those that would appear on school transcripts or other admissions documents:

Medical Information – Describe any disability, physical condition, medical condition and/or psychological condition that may require special accommodations or inhibit your ability to perform massage or attend school (specify medications you are taking and check all the conditions that apply):

Cardiac or Circulatory Problems: _____ Diabetes: _____ Broken Bones: _____

High Blood Pressure: _____ Low Blood Pressure: _____ Epilepsy: _____ Depression: _____

Recent Surgeries: _____ Other: (Specify) _____

Signature – I hereby state that the information provided in this application is truthful, and I understand that providing false information can result in dismissal from the program or denial of admission.

_____ Applicant's Signature _____ Date



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Application Check List

Congratulations on taking your next step towards enrollment! Here are the items we need in order complete your application:

- Personal Statement (based on the questions found in this packet)
- Two Letters of Recommendation (use forms included with this packet)
- Government issued photo ID with date of birth and legal name
- High School Transcript, GED certificate or High School Equivalency (HSE)
- Documentation of having received one full-body massage within the last twelve months (receipt or letter from therapist, can be from the BBMI Clinic)
- \$100 Application Fee

We look forward to meeting with you! Contact us at the number below with any questions you may have.

Best Wishes,

Leigh Anne Clark LMT

Admissions Director Admissions Representative



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Personal Statement

Please write or video a paragraph or so in answer to each question below:

- How did you become interested in the field of massage therapy? What are your career goals in massage therapy?
- How do you learn best? Do you have any learning disabilities or special needs?
- How would you describe your emotional and physical readiness to engage with the School's learning process? Discuss both strengths and weaknesses.
- An intensive program in massage therapy may bring personal issues to the surface. How do you practice self-care in your physical, emotional and spiritual life? What supports you? Will you be able to continue this process of self-care while attending this program? Can you identify areas that need more focus or improvement?
- Describe your experience with meditation and/or mindfulness practices.
- How do you resolve conflict in your life?
- How do you plan to meet your tuition requirements and take care of yourself financially while you attend school? Please be specific.

You may either hand-write or video your personal statement and mail to Admissions at the address above, or type and email to laclark@betterbodiesal.com.



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RECOMMENDATION FORM #1

Applicant: Please complete the information requested below. References must be from persons who are not related to you and have known you for at least one year. Please return this form by email or snail mail it to the address below.

*Applicant Name: (Please Print)

The Family Education Rights and Privacy Act (USA) permits us to request, but not require, that you waive your right to inspect this evaluation. If you elect to waive your rights of access and review, please sign your name below.

Signature _____ Date: _____

To the Person Writing the Recommendation-

Thank you for taking the time to complete this form. There are challenges, both personal and academic, that face students during this program. We look for candidates who can successfully meet these challenges both in school and as a professional. Please assess the applicant's qualifications and answer the following questions candidly. The student's application will not be complete until this recommendation form is received.

**Please note: If the applicant's signature does not appear above, the applicant has the right to review your evaluation under the Family Education Rights and Privacy Act.

Please email the completed form to laclark@betterbodiesal.com or mail to: BBMI 458 S 10th Street Opelika, AL 36801

Your Name: _____ Occupation: _____

Address: _____

Telephone: (_ _ _) _ _ _ - _ _ _ _

How long have you known the applicant? _____ Relationship to applicant: _____

What do you perceive to be the applicant's strengths, quality of intention and character with regard to pursuing a career in the healing arts?



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Please discuss anything that you feel will interfere with the applicant's academic pursuits or ability to work as a massage therapist/healing arts practitioner?

Please rate the applicant on the following:

| | Excellent | Good | Average | Below | Unable to Assess |
|--|-----------|------|---------|-------|------------------|
| Emotional Maturity | | | | | |
| Ability to adapt to new situations | | | | | |
| Integrity | | | | | |
| Self-Awareness | | | | | |
| Ability to handle academic work | | | | | |
| Desire to learn | | | | | |
| Perseverance in working towards personal goals | | | | | |

- I recommend this applicant for acceptance
- I recommend this applicant with reservations
- I do not recommend this applicant

Additional Comments:

Please attach an additional page if you need more space for comments.

Signature: _____ Date: _____



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RECOMMENDATION FORM #2

Applicant: Please complete the information requested below. References must be from persons who are not related to you and have known you for at least one year. Please return this form by email or snail mail it to the address below.

*Applicant Name: (Please Print)

The Family Education Rights and Privacy Act (USA) permits us to request, but not require, that you waive your right to inspect this evaluation. If you elect to waive your rights of access and review, please sign your name below.

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|--|-----------|------|---------|-------|------------------|
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| Ability to adapt to new situations | | | | | |
| Integrity | | | | | |
| Self-Awareness | | | | | |
| Ability to handle academic work | | | | | |
| Desire to learn | | | | | |
| Perseverance in working towards personal goals | | | | | |

- I recommend this applicant for acceptance
- I recommend this applicant with reservations
- I do not recommend this applicant

Additional Comments:

Please attach an additional page if you need more space for comments.

Signature: _____ Date: _____