## Middle Georgia School of Massage, LLC Admissions Application

Please answer fill out the entire application. We cannot process an incomplete application.

A representative from our school will contact you as soon as we process your application. Please print

ricase print				
Full Legal Name:	: Maiden Name:			
Address:				
Home phone: ()	Cell phone ()	<b>)</b>		
E-mail Address:				
Best time to reach you:	Date of Birth:			
	Emergency Contact:			
	Phone: ()			
List the names of all educational instructional instruction.				
High School:				
College/Tech School:				
Other training:				
Signature:		Date:		

Misrepresentation of information may result in denial of admission or expulsion. Middle Georgia School of Massage, LLC does not discriminate based on age, race, religion, gender, ethnic origin or sexual orientation.

## Middle Georgia School of Massage, LLC <u>Acknowledgments & Schedule</u>

l,	, do hereby acknowledge my understanding of the
	to become a Licensed Massage Therapist in the State of Georgia.
	Massage Therapy License Requirements from the State of Georgia
1	(Qualifications to Apply for a Massage Therapy License in Georgia) § 43-24A-8
	The applicant must be 18 years of age
2.	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3.	The applicant is a citizen of the United States or a permanent resident of the United States
4.	The Applicant is of good moral character – meaning professional integrity and a lack of
	any conviction for acts involving moral turpitude where the underlying conduct relates
	to the applicant's fitness to practice massage therapy;
5.	The applicant has satisfactorily completed a fingerprint record check conducted by the
	Georgia Crime Information Center and the Federal Bureau of Investigation
6.	The applicant has successfully completed a board recognized massage therapy
	educational program consisting of a minimum of 500 hours of course and clinical work
7.	The applicant has passed the Massage and Bodywork Licensing Exam administered by
	the Federation of Massage Therapy Boards (MBLEx).
8.	The applicant agrees to obtain and maintain continuously during the term of licensure
	liability insurance coverage, as determined by the board.
Signat	ture: Date:
l,	, do hereby acknowledge receipt of the following
sched	ules and deadlines for the class beginning November 1, 2023.
Open	Registration for class starts August 25, 2023.
Once t	the class is filled, registration will be closed for this term.
The de	eadline for turning in completed application packets is October 25, 2023.
classes	ntative schedule for class 3 is: Every Tuesday and Thursday 9:00 AM to 5:00 PM. Saturday s from 9:00 AM to 5:00 PM. Student clinic hours will be announced one month prior to

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