



AiCM

AMERICAN INSTITUTE of CLINICAL MASSAGE
A branch campus of The New York School for Medical and Dental Assistants

Application for Admittance

Name: _____ Date _____
Last First Middle

Home Address: _____
Street Apt City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Age _____ Birth date _____ Social Security Number _____

Marital Status _____ Course applying for (date) _____ AM ___ PM ___

How did you hear of this course? _____

Emergency Contact (Name) _____

Home phone _____ Work _____ Cell _____

Are you employed: Yes No If yes, where _____ Contact Name _____

Employer's Address: _____ Phone _____

Do you have any special needs that you would like us to be aware of to assist you in successful completion of the program? _____

Educational Background

High School: Graduate GED Non-Graduate (Explain separately)

College: Graduate Degree(s) held: _____

Non-Graduate number of years attended: _____

Please include with application:

- Copy of High School Transcript or GED or Accredited College Transcript.
- A written account of your personal and professional goals, as well as your reasons for wanting to take this course.
- All applicants will be required to complete a background prior to admittance. Information will be given at the time of enrollment.

Please return application along with the information requested to:

American Institute of Clinical Massage
A branch campus of New York School for Medical and Dental Assistants
4365 Inverness Dr. Unit 103, Post Falls, ID 83854
Phone 208.773.5890 ~ Email registrar@aicm.edu ~ Website www.aicm.edu