



Camp Pebble Wellness Institute  
Massage Therapy Certification Program

**Application for Admissions**

\_\_\_ Session 1 - Sept 1st - Dec 2nd 2022 online, June 1st - August 31st 2023 in-person  
\_\_\_ Session 2 - Jan 2nd - March 31st 2022 online, June 1st - August 31st 2023 in-person

**Contact Information**

Please Print Clearly Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Current Occupation \_\_\_\_\_ Work Address \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

**Educational Background** (please state your name on school records, if different)

Name City State Zip Dates Attended Degree  
High School \_\_\_\_\_ College \_\_\_\_\_  
Technical/Vocational School \_\_\_\_\_  
Other Professional Courses \_\_\_\_\_

**Related Classes in the Health Sciences** (Class Location / Number of Classroom Hours / Date of Completion)

\_\_\_\_\_  
\_\_\_\_\_

**Occupational Experience** (Please list your last three employers)

Employer Address City / State / Zip Date Employed To/From Position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain \_\_\_\_\_

**Health Status**

Check if you have any medical conditions or other restrictions which affect your ability to:

- Attend class regularly or arrive on time for each class
- Receive 60 minutes of massage therapy or perform 60 minutes of continuous massage therapy without sitting down
- Study on a regular basis and attend weekend seminars during the school year (per enrollment agreement)
- Take written exams, oral exams, and learn technical terminology.

Please attach a sheet indicating what medical conditions or restrictions apply and what accommodations are required to allow you to do the above.

Do you have any allergies or any medical conditions (physical, mental or emotional) Yes No

If yes, please explain \_\_\_\_\_

Are you taking any prescription drugs? Yes No

If yes, please list \_\_\_\_\_

Do you use recreational drugs or alcohol? Yes No

If yes, has that ever interfered with your ability to function in your daily life? Yes No

If yes, please explain \_\_\_\_\_

Are you currently under medical supervision? Yes No

Please list any medications you are currently taking: \_\_\_\_\_

Please describe any physical challenges you have which may influence your performance as a massage therapist:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any learning challenges you have that could impact your success in this program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any mental or emotional challenges you have that could impact your success in this program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Massage and/or Health Experience and Education. List and describe briefly.

Use a separate sheet or resume if necessary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Supporting Documents:** In addition to an admission interview, the following documents are part of your application. Enclose those you have ready, along with the application and \$50.00 non-refundable application/interview fee.

Your class status will be conditional until the supporting documents are received and approved.

**Essay Questions:** On a separate sheet of paper, please type or clearly print/write your response to the topics and attach to your application.

1. Tell us about yourself (interests, hobbies, attributes, etc.)
2. Tell us why you wish to become a professional massage therapist.

Two letters of recommendation indicating your personal skills and characteristics that qualifies you for a Profession in Massage Therapy.

Transcripts from your high school (or equivalent) or college transcripts with a minimum of 60 completed credits. These transcripts must be mailed to Camp Pebble by the institution issuing them.

Admission/Interview questionnaire (Admission office will provide this upon request or upon application receipt).

### **Application Agreement**

I certify that the information I have provided on this application is complete, accurate and true to the best of my knowledge. I understand it is my responsibility to request official transcripts from each academic institution that I have attended, and transcripts submitted directly to the Pebble Institute. I understand that any misrepresentation/omission of application information is sufficient grounds for canceling my admission and enrollment and is grounds for dismissal and releases Pebble Institute from any liability. Any financial obligation that I have incurred will be my responsibility to pay in full. I understand that documents are not released until all financial obligations are met. By submitting this application, I agree to abide by and be subject to the Pebble Institutes rules, regulations and disciplinary code.

Please sign and date below: I have read and understood the school catalog:

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Camp Pebble Wellness Institute**

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Ely, MN 55731

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camppebble.com

