



HACC Massage Therapy Program

Complete application in detail, sign, and return along with a non-refundable application fee of \$75.00 to HACC 3 Penn Center, 349 Wiconisco St. Suite 409, Harrisburg, PA 17110.

____/____/____ Name (Last) (First) (Middle) Male Female

Address (Street) (City) (State) (Zip Code) Home Telephone

____ - ____ - ____ Social Security No. ____/____/____ Birth Date _____ Work Telephone

____ Email Address _____ Cell phone Number (if applicable)

____ Applicants Place of Birth (City) (State) _____ How did you hear about this program?

PERSON TO CONTACT IN CASE OF EMERGENCY

____ Name (Last) (First) (MI) _____ Relation to Student

____ Address (Street) (City) (State) (Zip code) _____ Home Telephone _____ Work Telephone

REFERENCES: Please List Two References (Other Than Family)

____ Name _____ Name

____ Address _____ Address

____ City _____ State _____ Zip code _____ City _____ State _____ Zip code

____ Home Telephone _____ Work Telephone _____ Home Telephone _____ Work Telephone

Have you ever been convicted of a crime? (Do not include minor traffic violations) _____

If "YES", please explain: _____

Have you had any contagious diseases in the last two-(2) years? _____

If "Yes, Please explain: _____

Name of High School from which graduated or are currently attending

Graduation Date

Address (Street)

(City)

(State)

(Zip code)

If applicant's high school records were maintained under a name other than listed on front, state name used in high school.

TO BE COMPLETED IF ATTENDED COLLEGE OR OTHER TRAINING

Name of School

From

To

Degree or Certification

Name of School

From

To

Degree or Certification

Please list any previous experience in the health related field: (Please be concise and use additional paper if needed.)

***AFTER COMPLETING THIS APPLICATION, I HAVE RE-READ IT AND STATE THAT
ALL QUESTIONS HAVE BEEN ANSWERED AND ALL INFORMATION IS TRUE.***

Applicant's Signature

Date

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION

- ✓ Your high school or secondary education transcripts (May be sent after application)
- ✓ \$75.00 application fee
- ✓ A brief explanation of why you wish to become a massage therapist

DO NOT WRITE BELOW THIS LINE

Application Reviewed by

Date

Accepted by

Date

Comments: _____

