



The Educational Center at the  
Pyramid Holistic Wellness Center  
120 Merchants Row  
Rutland, VT 05701  
802-775-8080  
www.pyramidvt.com

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## Massage Therapy Certificate Program Application for Admission

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Use as much space as you like to answer these questions:

1. Do you have any medical conditions that would limit your ability to participate in a massage therapy training program? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

2. Have you ever been convicted of a crime (not including traffic violations)? Or are you currently awaiting trial or sentencing for a crime? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

3. What has made you decide on a career in massage therapy? \_\_\_\_\_

4. Why did you decide to apply to the Pyramid massage certificate program? \_\_\_\_\_

**5. Please list schools attended and any degrees or certificates awarded.**

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**6. Other training/education**

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**7. Describe your current level of wellness and identify activities you do regularly to maintain or improve it:** \_\_\_\_\_

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**8. How did you hear about our program?** \_\_\_\_\_

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I hereby declare that the above information is true and correct, and I give the Pyramid program staff permission to verify any of this information. I understand that purposely falsifying this application could result in the dismissal from the program in the event that I am accepted and choose to enroll.

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

**Please return this completed application with**

- a current résumé
- at least one letter of recommendation from someone who can attest to your readiness to attend a massage therapy training program (former teacher, employer, etc.)
- a \$25 non-refundable application fee (personal or bank check or credit card information)

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Your credit card billing zip code (for security purposes): \_\_\_\_\_

to:

**Pyramid Holistic Wellness Center  
ATTN: Admissions  
Massage Therapy Certificate Program  
120 Merchants Row  
Rutland, VT 05701**