

# Application for Admission to CORE Institute

Complete this application and send it, along with the required items, to:  
CORE Institute 223 West Carolina St., Tallahassee, FL., 32301

## **Registration Checklist:** (please Check)

Attach Photo Here

- I have Completed and signed the Application
- I have enclosed \$100 Non-Refundable Registration Fee
- I have enclosed a of Copy of High School or College Diploma/Transcripts, or GED
- I have enclosed 1 Letter of Recommendation that is current and addressed to CORE Institute.
- I have answered all Personal Essay Questions
- I have attached Passport –size Photo– Stapled on front of Application
- I have received a full-body professional massage (*prerequisite*)

**All checklist items must be in your file, prior to calling CORE (850-222-8673) for interview.**

Please check the Term/Program, and fill in the following information. (Each Program start date is dependent on Enrollment numbers. Please indicate first and second choice by writing a 1 or a 2 in the appropriate box.)

I am registering for:  Spring Day Program  Summer Evening Program  Fall Day Program  Winter Evening Program

I have received a full body professional massage. Therapist Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Please type or print all information.**

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**1. Applicant Data** Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: M F SSN: \_\_\_\_ — \_\_\_\_ — \_\_\_\_

Name: \_\_\_\_\_ Marital Status: Single Married Divorced  
Last First M.I.

Address: \_\_\_\_\_  
Street City State ZIP

Telephone: \_\_\_\_\_  
Area Code/ Home # Area Code/Work # Area Code/Cell #

Current Employment: \_\_\_\_\_  
Company Job Title

Employment Address: \_\_\_\_\_  
Street City State Zip Code

**EMAIL ADDRESS:** \_\_\_\_\_

## **2. Education**

High School: \_\_\_\_\_ Year of Graduation : \_\_\_\_\_  
Name City State

GED: \_\_\_\_\_ Year received GED: \_\_\_\_\_  
Name City State

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Field: \_\_\_\_\_

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Field: \_\_\_\_\_

Other: \_\_\_\_\_

## **3. Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Area Code/Telephone: \_\_\_\_\_  
Day Evening Cell

**4. Medical History** (If you answer yes to any of the medical history questions, a physician's release may be required.)

History of any serious Medical Problems? Yes No If yes, describe the nature of the illness: \_\_\_\_\_

Do you have any muscle/skeletal injuries or communicable diseases? Yes No If yes, please explain: \_\_\_\_\_

Is medical supervision required? Yes No If yes, please explain: \_\_\_\_\_

Are you currently under a doctors care? Yes No If yes, please explain: \_\_\_\_\_

Are you currently taking any medication? Yes No If yes, please list: \_\_\_\_\_

Any physical limitations that might inhibit your ability to learn in a classroom environment that includes giving and/or receiving massage therapy, observing demonstrations, seeing the blackboard/whiteboards and television, and listening to lectures?

Yes No If yes, please explain: \_\_\_\_\_

Any sight or hearing problems? Yes No If yes, please explain: \_\_\_\_\_

**5. Legal History**

*(If you answer yes to any of the questions under **ITEM 5, Legal History**, please schedule and appointment with the School Director to discuss your eligibility for licensure before applying for the Program.)*

1. Have you ever been convicted of, or entered a plea of guilty of nolo contendere, regardless of adjudication, to a felony?  
Yes No If yes, please explain: \_\_\_\_\_  
(if "no" do not answer 2)

2. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction? Yes No

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?  
Yes No (if "no" do not answer 4)

4. If you have been terminated but reinstated, have you be in good standing with the Florida Medicaid Program for the most recent years? Yes No

5. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? Yes No (if "no" do not answer 6, and 7)

6. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?  
Yes No

7. Did the termination occur at least 20 years prior to the date of this application? Yes No

**6. How were you originally referred to CORE Institute?**

Graduate Therapist Faculty Publication Ad Website Email Health/Wellness Fair Yellow Pages

Other: \_\_\_\_\_



**4. Participation:** We at the CORE Institute, believe that participation is an extremely important part of the classroom experience. We expect everyone to participate fully in every class. Lack of participation (absence, sickness, injury, fatigue) may have an adverse effect on a student's grade. Every student is expected to participate in classroom activities (e.g. stretching, observation of demonstrations, hand-on practice, etc.). **What are your thoughts about classroom participation? Include your views on punctuality /timeliness.**

**5. Ability to give/receive massage:** Our students need to be able to hear the instructor, and need to be able to see the materials that we use for education. Each student needs to be able to stand, push, lift, and pull as part of practicing massage. Each student needs to be able to give and receive massage - meaning that a student cannot have contraindications to receiving massage treatment. In addition, a student needs to be able to apply sound body mechanics techniques while administering massage. **Do you have any physical limitations that might inhibit your ability to learn in a classroom environment that emphasizes hand-on practice and use demonstrations, overhead projections, blackboard/whiteboards, television, and audio?**

**6. Study Habits:** We know that the curriculum at CORE can (at times) be challenging. Students and faculty need to be disciplined enough to arrive at school before class begins. We believe that students need to practice good study habits. We've found that most students need about 1 hour of study time for each hour of classroom time especially for the science classes. **What are your plans for time management, as it relates to studying? How many hours per week do you have scheduled for study time?**

**7. Goals:** Goal setting is an important step in any successful venture. **What goals would you like to accomplish during massage therapy school? Where do you see yourself 6-months, 1-year, and 3-5 years after graduation? (Be specific)**

**9. I hereby acknowledge all information stated in this Application (including Item 5: Legal History) is true and correct to the best of my knowledge.**

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

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