



AND

Downeast School of Massage

Proudly Present:

Equine Sportsmassage Technical Practitioner Certification Program Application

Check list:

- \$50.00 non-refundable application fee

- Completed Application-signed and dated
- Completed Medical History Form-signed and dated (by the applicant)

Wilson Meagher Sports Therapy & Downeast School of Massage
Equine Sportsmassage
Technical Practitioner Certification
Program Application

Name _____ Date _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Mailing Address _____

Email Address _____

Phone (Day) _____ (Evening) _____

Occupation _____ Employer _____

Please describe your current job, profession and/or practice:

Please submit the names of two people as professional references that you have known at least one year and to whom you are not related.

Reference # 1 (name, address, phone, email)

Reference # 2 (name, address, phone, email)

List all schools attended and degrees earned:

School	Degree Earned	Date Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any **animal related** courses, trainings and/or certifications you have taken:

Please list your objectives for this professional technical skills program:

Please list your short and long term goals related to Equine Sportsmassage:

Short Term: _____

Long Term: _____

Please describe your experiences (if any) with horses outside the field of sports massage:

Date(s) interested in attending training: _____

Do you require housing during the above dates?

Yes _____ No _____

Signature of applicant

Date

Signing this application verifies that all information and questions have been answered truthfully.

***Please submit this form with a \$50 application fee made payable to:
Downeast School of Massage***

***Send to: Downeast School of Massage, PO Box 24, Waldoboro, ME 04572
Attn: Continuing Education***

**Downeast School of Massage
Medical History Form**

The Wilson Meagher Equine Sportsmassage Technical Practitioner Certification Program that we offer maybe considered physical and strenuous. We would like you to take a moment to check off any injuries or medical complaints/conditions that you may have now or have had in the past. Please be specific. Good health is essential in order to complete this program and remain safe with in the barns and around the horses.

Name _____ Date _____

Address _____

Phone – Home: _____ Phone – Work: _____

Occupation: _____ Date of Birth: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding/Bruising |
| <input type="checkbox"/> Blood Pressure Problems (Low/High) | | <input type="checkbox"/> Cardiac Issues (heart disease, surgeries, etc) |
| <input type="checkbox"/> Carpal Tunnel Syndrome | | <input type="checkbox"/> Chronic Fatigue/ Fibromyalgia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness/Fainting |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Joint pain/problems | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Vertebral/Disc problems | <input type="checkbox"/> Other (include any other conditions, syndromes, recent accidents and anything else pertinent to your health status): | |

Any musculoskeletal problems? _____

Upper Extremity: _____ Lower Extremity: _____

Lower Back: _____ Neck: _____

Are any of the symptoms aggravated by:

Standing? _____ Walking? _____ Sitting? _____ Bending? _____ Lying? _____ Massage? _____

Have you had any other illness, injuries, or operations? Yes* _____ No _____

*Please explain: _____

Have you ever been compelled to interrupt your work or study for a substantial period of time or substantially reduce your workload because of physical disability, illness, or emotional difficulties?

Yes* _____ No _____

*Please explain and/or attach a doctor's statement giving nature of ailment or disability: _____

Please list any medications taken on a regular basis and why: _____

I have been truthful and honest in answering the questions on this form. If my medical condition changes before attendance of the program, I will notify my instructors at once. I understand that if this occurs, I may need to acquire a doctor's note to continue in the program.

Signature

Date