

# **Bear River Institute of Healing Arts**

## **Application for Admission to the Massage Therapy Program**

Date of Application: \_\_\_\_\_

First and Last Name (Please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please write a personal statement of no more than 250 words that details your experience and interest in seeking massage therapy training (attach paper if necessary):

I, (print name) \_\_\_\_\_, swear or affirm that (please initial each blank line:

\_\_\_\_\_ I am 18 years of age or older.

\_\_\_\_\_ I have earned a high school diploma or GED.

\_\_\_\_\_ I am fluent in English.

\_\_\_\_\_ I am of good moral character\* as evidenced by\*\*:

\_\_\_\_\_ not having engaged in fraud or deceit in procuring or attempting to procure a license, certificate, or registration;

\_\_\_\_\_ not having engaged in unprofessional conduct in a workplace;

\_\_\_\_\_ not engaging in any willful or repeated violations of any of the provisions of the Board of Nursing chapter of the Code of Virginia;

\_\_\_\_\_ not being convicted of any felony or any misdemeanor involving moral turpitude;

\_\_\_\_\_ not practicing in a manner contrary to the standards of ethics or in such a manner as to make my practice a danger to the health and welfare of patients or to the public;

\_\_\_\_\_ not using alcohol or drugs to the extent that such use renders me unsafe to practice, or any mental or physical illness rendering me unsafe to practice;

\_\_\_\_\_ not experiencing the denial, revocation, suspension or restriction of a license, certificate, registration, or multistate licensure privilege to practice in another state, the District of Columbia or a United States possession or territory;  
or

\_\_\_\_\_ not engaging in abuse, negligent practice, or misappropriation of a patient's or resident's property.

\* Good moral character is defined as holding and practicing the values of Ahimsa ("do no harm"), Agape ("unconditional positive regard for others"), and Agency ("responsibility for one's own behaviors and actions").

\*\*Any exceptions to this list do not automatically disqualify you from being admitted as a student to the Massage Therapy Program at Bear River Institute of Healing Arts. If you have had an experience that could reflect negatively on your good moral character, please attach an

explanation of the experience, the outcome, and any growth you may have experienced since the experience.

In order to protect the public and support students in being qualified to sit for licensure as a massage therapist (some states require a background check when applying for a massage therapist license), BRIHA requires a criminal background check and a Virginia abuse registry check as part of the application process. Please provide the following additional information for these checks:

Previous Addresses in the last 7 years:

_____	Dates at this address: _____
_____	Dates at this address: _____
_____	Dates at this address: _____
_____	Dates at this address: _____
_____	Dates at this address: _____

Previous names or aliases:

\_\_\_\_\_

By signing this application, you are authorizing BRIHA to perform a criminal background check and Virginia abuse registry check prior to making a decision on your application to the BRIHA Massage Therapy Program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Please deliver this completed application, two (2) Reference Letter for Massage Program Applicant's Good Moral Character Forms, and a \$100 application fee to:

Thomas Capshew  
Bear River Institute of Healing Arts  
29 Banks Ford Parkway, Suite 109  
Fredericksburg, VA 22406

For questions, contact Thomas Capshew by email at [tom@bearriverinstitute.com](mailto:tom@bearriverinstitute.com) or call Bear River Institute of Healing Arts at 540-455-8884.