

Center for Neurosomatic Studies
Neurosomatic Therapy and Massage

13825 Icot Blvd., Suite 604
Clearwater, FL33760
727-388-4182

**Please include your nonrefundable application fee of \$100
when you submit this application.**

Note: Application fees are refundable only in the event that you are refused acceptance at Center for Neurosomatic Studies. If submitting via e-mail or you would rather not send a check, please complete your credit card information authorizing us to charge the \$100 application fee:

Credit Card Number: _____

Exp. Date: _____ Signature: _____

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____

EDUCATION:

Circle highest grade completed in each category.

High School 1 2 3 4 Graduation Date: _____ GED Attained: _____

Name and Address of School: _____

College 1 2 3 4 5 Degree Attained: _____

Name and Address of School: _____

CURRENT EMPLOYMENT:

Name and Address of Current Employer: _____

IN CASE OF EMERGENCY:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How were you referred to us?

What are your short and long-term goals?

Tell us about yourself, your interests, attributes, hobbies, etc.

Have you been convicted of a crime (other than a minor traffic violation) in the last 15 years? If so, explain:

Why do you want to be a Neurosomatic Therapist?

How do you plan to finance your education?

How soon would you like to start training?

Applicant Signature

Date Signed