INSTITUTE of Health & Healing
A Life Enrichment Center Inc., Company

11847 CANON BLVD., SUITE 8, NEWPORT NEWS, VA 23606
CAMPUS: 757.595.7757 CLINIC: 757.873.3900 FAX: 757.595.7656 WEBSITE: www.ihhinfo.com

Application for Admission (Please Print or Type)

Programs (Please check): ☐ Massage Therapy 505 ☐ Massage Therapy 610 ☐ Massage Internship 817 ☐ Esthetician 600 ☐ Master Esthetician 600
☐ Yoga Teacher 200 ☐ Waxing 130 ☐ Nails 150 ☐ Makeup Artist 75 ☐ Spa/Hospitality Manager 250 ☐ Spa Technician 350 ☐ Master Educator 400
☐ Spa Professional 1000 ☐ Cosmetology 1500 ☐ Master Spa Professional 1600 ☐ International Spa Professional 2200

Name:_____
Last First Middle Initial

Address:_____

City:_____ State:_____ Zip:_____

Home Phone: (____)_____ Work Phone: (____)_____

E-Mail Address: _____ Cell Phone: (____)_____

Social Security #:_____ Date of Birth:_____

Experience and Background: List and describe briefly any previous experience in the desired field.

Use separate sheet if necessary. _____

Education Background:

	Name	City/State	Dates Attended	Degree
High School				
College				
Trade / Vocational Training				

Employment History: Please begin with the most recent

Name of Business	Address	City/State	From / To

How did you hear about the Institute of Health & Healing?_____

Enclosed is the nonrefundable enrollment fee of $50.00. Circle one: Day Evening Start Date_____

Applicant Signature_____ Date_____