



Transfer Student Practical Intake Form

In an effort to place you in practical situations that best reflect your needs, previous experience, and level of ability we ask that you complete the following form giving as much detailed information as possible. Wherever applicable please provide documentation to verify experience (ie. Log sheets, letters from previous school or work place, etc.).

Dates:	Course Subject or Modality	Time in Classroom	Time in Practical Setting	Work Experience &/or Cont. Educ.
	Clay Pack			
	Salt Glow			
	Body Wrap			
	Paraffin Wax			
	Facial			
	Infrared Sauna			
	Contrasts			
	Hot Stone Massage			
	Maternity			
	Special Needs			
	Geriatrics			
	Sports			
	Corporate/Chair Massage			
	Relaxation Massage			
	Reflexology			
	Massage Treatment			
	Other			

Please list below any Special Events that you have attended to provide massage (ie. Sp. Sporting Event, Health Fair, promotions, etc.)

Dates	Event	# of Hours	Comments

General Comments: