

College of Massage Therapists of New Brunswick
Admissions Committee Application

Welcome! This application is intended for individuals applying for membership to the College, that are residing outside of New Brunswick, outside of Canada.

Personal Information

Name: _____
Address: _____
Phone: Daytime _____ Evening: _____
Email: _____

Education

Please list any educational programs for programs that are relevant to a massage therapy program.

Massage Therapy Diploma Program: _____

Secondary Diploma Program:

- 1) _____
- 2) _____
- 3) _____

Work Experience

Please list any work experience, and the number of years you've worked at each position, that is relevant to massage therapy.

Employment History:

- 1) _____
- 2) _____
- 3) _____