



LMT OBSERVATIONAL INTERNSHIP OF INTEGRATIVE MEDICINE in CLINIC & HOSPITAL-BASED SETTINGS

APPLICATION

To apply, complete the following information and email it to DLang@unmmg.org

Demographic Information

Legal Name (As listed on Social Security card)	Last:	First:	Middle:
Birth Date:	Place of Birth:		
U.S. Citizen:	Country of Birth:	U.S. Registration #	

Contact Information

Address:	City:	State:	Zip Code:
Email 1 st Choice:	Email 2 nd Choice:		
Phone Number: 1 st Choice:	Phone Number: 2 nd Choice:	Phone Number: 3 rd Choice:	

Education

Massage School:	Graduation Date:	LMT License #:
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High School/GED:	Graduation Date:	City/State:
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College:	City/State:	Dates Attended:	Degree Received:
College:	City/State:	Dates Attended:	Degree Received:
College:	City/State:	Dates Attended:	Degree Received:

Professional Massage Experience

Location:	Dates:	Specialty:
Location:	Dates:	Specialty:
Location:	Dates:	Specialty:
Location:	Dates:	Specialty:

Legal History

Have you ever been convicted of, pled guilty to, or charged with a felony offense in any court?

Yes No

Please Explain:

Integrative Medicine

How would you describe Integrative Medicine?

Goals

What would like to accomplish in this Internship/Observation program?