



Wilson Meagher Sports Therapy®

Sportsmassage

• move better • perform better • last longer

Professional Certification Program Application

Personal Information

Date: _____

Name: _____

Address: _____

City/Town: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Phone: (Day) _____ (Evening) _____

Email Address: _____

Educational Background

High School: _____ Graduation Date: _____

College/University: _____

Major/Minor: _____

Degree: _____ Graduation Date: _____

Wilson Meagher Sports Therapy®
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Post Graduate Degrees/Certificates: _____

Massage Therapy School: _____ Graduation Date: _____

License/Certification: _____ Date: _____

Physical Therapy School: _____

License/Certification: _____ Date: _____

Professional Experience

Please describe your current job, profession and/or practice:

Please describe your current work with (if applicable):

Humans: _____

Horses: _____

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Please list your objectives for this professional certification program:

Please list your short and long term goals related to sports massage:

Short Term: _____

Long Term: _____

Please describe your experiences (if any) with horses outside the field of sports massage:

Sports massage is a physically demanding profession.

Please note any physical limitations that could affect your performance:

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References

Please provide two professional references:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Date(s) interested in attending training: _____

Do you need housing during the above dates?

Yes: _____ No: _____

*******Please do not write in the space below*******

Accepted: _____ *Deferred:* _____ *Attendance Dates:* _____