

Orthopedic Massage Associates

Judy Castrichini, LMT #724 ph. 518-0886

Jeffrey Rich, LMT #656

ph. 337-1699

Massage Therapist Registry Application

page 1 of 2

Name _____

Mailing Address _____

City, State, Zip _____

Telephone/Pager: _____ preferred contact number: _____

AL License #: _____ Received on: _____ Expires: _____ Professional Societies: _____

National Certification #: _____ First Aid / CPR certif #: _____ Insurance: _____

Massage School attended and Date of Graduation: _____

Please provide details about your Massage Experience (Dates, duration, reason(s) for leaving)

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

Please provide details about your Continuing Education (Dates, Sponsoring Organization, Class Title, Hours)

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

Do you hold a Certification in any bodywork modality? If so, please provide details

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

On a scale of 1 – 5, where 1 is the MOST comfortable, please rate your Comfort Level with these Work Settings (rate any that apply to you)

- | | | |
|-----------------------------|-------------------------------|------------------|
| ___ Massage Office | ___ Corporate Setting | ___ Other: _____ |
| ___ Physician's Office | ___ Fitness Center | ___ Other: _____ |
| ___ Client's Office | ___ Sports Event (pre-event) | ___ Other: _____ |
| ___ Client's Home (Outcall) | ___ Sports Event (post-event) | ___ Other: _____ |
| ___ Hotel Room (Outcall) | ___ Nursing Home | ___ Other: _____ |

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On a scale of 1 – 5, where 1 is the MOST comfortable, please rate your Comfort Level with performing these Modalities and Activities (rate any that apply to you)

- | | | |
|--|---|--|
| <input type="checkbox"/> Chair Massage | <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Acupressure |
| <input type="checkbox"/> Swedish Massage | <input type="checkbox"/> Pregnancy Massage | <input type="checkbox"/> Reiki (I/II/III) |
| <input type="checkbox"/> Sports Massage (pre/post event) | <input type="checkbox"/> Deep Tissue Massage | <input type="checkbox"/> Therapeutic Touch |
| <input type="checkbox"/> Orthopedic Massage | <input type="checkbox"/> Neuromuscular Therapy | <input type="checkbox"/> Other Energy: _____ |
| <input type="checkbox"/> Injury Assessment and Treatment | <input type="checkbox"/> Cranial Sacral Therapy | <input type="checkbox"/> Strain/Counterstrain |
| <input type="checkbox"/> SOAP Notes & Charting | <input type="checkbox"/> Narrative Reports | <input type="checkbox"/> Muscle Energy Technique |
| <input type="checkbox"/> Postural Analysis | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Other: _____ |

On a scale of 1 – 5, where 1 is the MOST comfortable, please rate your Comfort Level with these Types of Clients (rate any that apply to you)

- | | | |
|--|---|---|
| <input type="checkbox"/> Athletes | <input type="checkbox"/> Professionals | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Pregnancy clients | <input type="checkbox"/> Cancer Patients | <input type="checkbox"/> Hospice Patients |
| <input type="checkbox"/> Active/Retired Military | <input type="checkbox"/> Physical Rehab Clients | <input type="checkbox"/> Children |
| <input type="checkbox"/> Infants | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

On a separate sheet of paper, please describe yourself, your style of therapy, and your unique skills (you may also attach a Massage Résumé)

Please indicate your hours of availability

Mondays _____ Saturdays _____

Tuesdays _____ Sundays _____

Wednesdays _____

Thursdays _____

Fridays _____

Will you work on short notice? Y / N

To be considered for the Registry, you must attach the following supporting documentation and fee:

- \$50 processing fee
- Copy of your Alabama State License
- Proof of Liability Insurance
- Continuing Education Certificates (those you wish us to take into consideration for placement)
- Certification Program Certificates (i.e. Pregnancy Massage, Orthopedic Massage, etc.)
- Copy of your current CPR/First Aid
- Two (2) Professional References
- Massage Résumé

Optional:

- National Certification certificate
- Professional Society member numbers