

The Healing Arts and Massage School, LLC 2501 BLUE RIDGE RD, SUITE G-160 RALEIGH, NC 27607 (919) 783-6195 (FAX) 787-9052

## **Reference Statement**

**Instructor or Employment Supervisor** 

This document serves as a letter of recommendation for prospective students completing an Enrollment Application. This form must be completed by an **Instructor or Employment Supervisor** other than a family member or member of the clergy.

Name of Prospective Student

Name of Reference

Contact information of Reference Telephone:

**Note to the person completing this form:** The information you provide will be confidential and disclosed only to persons involved in the admission process. Please sign the form and return this form to the applicant in a *sealed envelope with your signature across the seal* to be submitted as part of the application and admission process.

What is your relationship with the Prospective Student?

How long have you known the Prospective Student?

What opportunities have you had the form an opinion of this person's character and to acceptable ethical standards?

Please state why you believe this person will be a valuable member of the massage & bodywork profession, which is a healthcare field.

If you have any concerns about this person, please explain.

Signature \_\_\_\_\_

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