

Institute for Massage Education
Kalamazoo Center for the Healing Arts

Application for Use of Treatment Room
5360 Holiday Terrace, Suite 24A
Kalamazoo, MI 49009

Name:

Phone:

Address:

Email:

Please describe the nature of your practice and how you will be using the treatment room:

List your credentials that qualify you to perform the above treatments and include documentation:

Do you need a license in the State of Michigan to practice the above? If yes, please attach a current copy.

Who is your professional liability insurance with? Please attach a copy of your current liability insurance.

Note: BOTH your license and liability insurance must be kept current to practice here.

The Treatment Room is available seven days a week in four-hour blocks of time, from 8:00 a.m. – 12:00 p.m., 12:30 – 4:30 p.m., and 5:00 – 9:00 p.m. Please list your preferences for times of day, days of week and frequency. We will do our best to accommodate your preferences, based on availability.

I certify that the above statements are accurate.

Signature:

Date: