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**Professional & Community Education**

4203 S. Providence Rd · Columbia, MO 65203  
Ph: 573-214-3803 · Fax: 573-214-3811

## **School of Massage Therapy Fall 2017 Application Packet**

This 750 hour classroom-based, instructor-led program will help you acquire knowledge and develop skills needed to pass the state licensing examination and become a Licensed Massage Therapist.

### **GENERAL PROGRAM INFORMATION**

The program is in session from October 24, 2017 to October 25, 2018 from 4:30 pm-9:30 pm on Tuesdays, Wednesdays, and Thursdays. There will be three additional daytime Saturday classes for special events.

The tuition for Fall 2017 will be **\$8,500**. Payment plans are available. An additional materials fee of **\$970** will be charged for textbooks and the student's own professional massage table. Students will also be responsible for purchasing professional attire for the clinical experience.

**Financial Aid and/or a monthly payment plan is available; interested students should contact the Financial Aid Administrator immediately at (573) 214-3809 to begin the application process.**

### **ADMISSION CRITERIA**

- Contact Financial Aid Administrator (573) 214-3809
- Accurate completion of the application (form enclosed)
- \$75 application fee, payable by cash, check or M/C, Visa, or Discover
- Completion of NCRC Admission Test
- Letter of intent (form enclosed)
- Letter of professional recommendation from an employer or instructor in support of your application (form enclosed)
- Submit copy of high school diploma or equivalent
- Possible Interview (to be held after application deadline)

## **NCRC TEST DATES:**

Wednesday, September 6, 2017 1:00pm – 5:00pm

Thursday, September 21, 2017 9:00am – 1:00pm

## **ADMISSION TIMELINES**

- **APPLICATION DEADLINE – Thursday, September 28, 2017 at 4:00pm**
- **September 29 through October 4, 2017**  
Review of applications, possible interviews, and acceptance letters sent
- **October 19, 2017** – Tuition due; Students using the payment plan must pay a down payment of **\$2,350** to hold their spot in the Massage Therapy program.
- **Tuesday, October 24, 2017**

*Columbia Area Career Center complies with the Americans with Disabilities Act and will provide reasonable accommodations for individuals with disabilities. If you require special arrangements for testing, you must submit the following:*

- *Documentation of disability by a qualified professional. (This documentation must not be more than 3 years old and should be based upon adult norms.)*
- *Request for accommodations.*

*Please allow 30 days for accommodations to be coordinated. Direct your requests to: ADA Coordinator, Columbia Area Career Center, 4203 S. Providence Rd., Columbia, MO 65203.*

## **Mail the application packet to:**

Admissions Committee/Massage Therapy Program  
Columbia Area Career Center  
Professional & Community Education – Room 147  
4203 South Providence Road  
Columbia, MO 65203

Or via email:  
adulted@cpsk12.org

*As a political subdivision, employer, recipient of federal funds, and an educational institution, the Board of Education is prohibited from, and hereby declares a policy against, engaging in unlawful discrimination. This includes harassment and creating a hostile environment on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, or use of leave protected by the Family and Medical Leave Act, in its programs, activities, and with regard to employment. The Board of Education is an equal opportunity employer.*

**Columbia Area Career Center  
School of Massage Therapy**

Please complete this application as accurately as possible in typed form or print legibly in ink. Application for the Fall 2017 program must be received by **September 28, 2017.**

**GENERAL INFORMATION**

Last	First	Middle	Maiden/Former Name
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Current Address	City	State	Zip
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Home Phone	Cell Phone	Social Security Number
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Email address
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Sex	Date of Birth	Emergency Contact	Phone Number
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**PROFESSIONAL REFERENCES – please list 3**

Name, Company/School, & Phone #	Relationship
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Name, Company/School, & Phone #	Relationship
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Name, Company/School, & Phone #	Relationship
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List any current certificates, licenses, or other credentials:

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List any previous employment, training, workshops, seminars, or other educational opportunities you have experienced related to the healthcare field.

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**I certify that the above information is correct and complete. I understand that I am responsible for notifying the Program Director of any changes of address or phone number. I also understand that I am responsible for my own transportation to and from clinical sites and may be required to obtain a physical examination prior to beginning clinical experiences.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EDUCATION

List all high schools or other secondary schools attended. Submit a copy of transcript.

Name of School	City and State	Dates Attended	Diploma Received

## POST SECONDARY EDUCATION

List all formal education beyond high school. Submit a copy of transcript.

Name of Institution	City and State	Major	Dates Attended	Credential Earned

## EMPLOYMENT

List all work experiences, both full and part-time since high school. List most recent first.

Employer	City and State	Title or Position	Dates Employed

Have you ever taken college entrance examinations? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which one(s)?

Test Name	Score	Date Taken
Test Name	Score	Date Taken
Test Name	Score	Date Taken

***Deadline for receipt of application packet is September 28, 2017.***



**Professional & Community Education  
School of Massage Therapy**  
Letter of Intent

Please discuss your interest in the Massage Therapy Program in the space provided below. Include in your discussion how these interests have developed, why you wish to become a Massage Therapist, and what you plan to do upon completion of this program. Please give examples of experience you have had before helping people. If you have had experience with massage, please include this in your discussion.

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Name of Student

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Signature

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Date

***Deadline for receipt of application packets is September 28, 2017.***



**Professional and Community Education  
School of Massage Therapy  
Letter of Recommendation Form**

Application to the Massage Therapy Program requires a letter of recommendation. Please utilize this form to submit your recommendation.

Applicant's Name \_\_\_\_\_

*Please provide information below that led to your recommendation of this applicant.*

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date