

# Massage Therapy Program Application for Admission

## Requirements for Admissions

1. All applicants must be at least 18 years old at the start of the program.
2. All applicants must provide official transcripts (high school, GED, or college).
3. All applicants must be physically able to perform and receive massage techniques taught in the program.
4. All applicants must disclose any previous felony or misdemeanor charges.
5. All applicants must have a personal interview with an admissions coordinator or the program director.
6. All applicants must have had at least one professional massage.

## Application Instructions

1. Complete and submit the following application.
2. Enclose an application fee of \$50 made payable to "WSCC Massage Program."
3. Schedule an appointment with the program director for a personal interview and application review.
4. Enclose an official High School, College, or GED transcript.
5. Enclose a short essay (one page) describing why you want to become a massage therapist.

## Personal Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Duration: \_\_\_\_\_

Position: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

## Educational History

	NAME	LOCATION	DEGREE/DIPLOMA
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

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## Supplemental Information

1. How did you hear about the Massage Therapy Program at WSCC? \_\_\_\_\_
2. Have you been convicted of a felony or misdemeanor? **Y** / **N** (Circle One)  
If yes, please explain on a separate piece of paper.

## Technical Standards of Admission

### **Licensure:**

Individual states and provinces establish and interpret rules for licensure. For that reason, admission to or graduation from Western States Chiropractic College does not guarantee that a student will meet licensure requirements in any particular jurisdiction. For further clarification, please contact the board of examiners for the jurisdiction that interests you.

### **Physical Requirements:**

Massage therapy licensure and practice typically call for skill to massage and communicate effectively with patients. Therefore, the WSCC educational objectives require competencies including development of motor and perception skills. If you have any questions about how these expectations apply to you, or if you believe you can perform the essential functions only with an accommodation, please discuss your concerns with the Massage Program Director.

By initialing \_\_\_\_\_, I understand the physical requirements for admission into the Medical Massage Therapy Program at Western States Chiropractic College. In accordance with Section 504 of the Vocational Rehabilitation Act and the Americans with Disabilities Act (ADA) (Public Law-101-3367) WSCC has established essential functions of massage therapy students and physicians. Western States Chiropractic College must ensure that patients are not placed into danger by students or physicians as a result of substantially impaired intellectual, emotional, or physical functions.

### **Social Security/ Social Insurance Number Disclosure:**

You are requested to voluntarily provide your Social Security Number or your Social Insurance Number. However, if you choose not to do so you will not be denied any right, benefit, or privilege provided by law.

By signing below, I authorize Western States Chiropractic College to make any inquiries it considers necessary and appropriate concerning the information given on this application form. I also affirm that the information contained in my application is complete, factually correct, and honestly presented. I understand that any false information presented in, or information omitted from this application may result in my being denied admission or dismissed from Western States Chiropractic College, or may pose difficulty in obtaining state licensure.

Signed \_\_\_\_\_ Date \_\_\_\_\_