

IDAHO SCHOOL
OF
MASSAGE THERAPY

**ENROLLMENT
APPLICATION**



IDAHO SCHOOL
OF
MASSAGE THERAPY

3551 East Overland Rd
Meridian, ID 83642
(208) 342-3430
E-Mail: ismtclinic@gmail.com
Website: www.idschoolmassage.com

Name: _____
Last First MI. "Nickname"

Address: _____
Number/Street/Apt. No. P.O. Box

Address: _____
City State Zip Code

Telephone: (____) _____, (____) _____
Cell phone Home? Work?

E-Mail Address: _____@_____

Date of Birth: _____ Height: _____ Weight: _____ Color Eyes: _____ Sex: _____

Country of Citizenship: _____ Emergency Contact _____

Place of Birth: _____ Native Language: _____

Professional Discipline/Specialty (if any) _____

Please state what attracted you to this career field?

Do you have any history of criminal convictions, felonies, or misdemeanors, etc.? Yes No If your answer is yes, please explain...

(If you cannot pass a background check, you need not apply)

Do you have addictions to any of the following? Alcohol Drugs Nicotine Other _____

What is the highest grade level completed in school? _____

Any College?: ____Y ____ N If yes, describe: _____

Do you hold a license / certification to practice any method of healing and/or healthcare? ____Y ____ N

If Yes, in what state(s)? List the states and dates license/certification was issued:

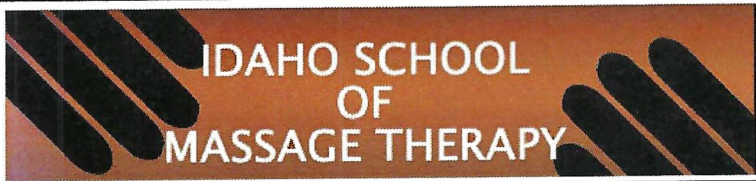
Profession Date Issued State/Country Issued License Number

Profession	Date Issued	State/Country Issued	License Number

For consideration of possible Credit Transfer for “substantially similar” previous training and education, provide a history of Medical, Therapeutic, Business, Military and Postsecondary education and experience (dates, location, instructors and hours.) Eligibility determination requires transcripts or training documents. Final determination is the responsibility of the Director and marked accordingly with “Y” or “N”.

Education	Instructor(s)	Dates	Hours	Location	Eligible Y/N

Education	Instructor(s)	Dates	Hours	Location	Eligible Y/N



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1. References: List the Personal and Professional references who will be providing the letters of recommendation required for admission. A Professional recommendation must be on business letterhead stationery or emailed from the business with their information that can be verified by phone.

Names	Relationship	Phone Number/email

2. Written Essay: ___ Y ___ N

Please attach a separate sheet of paper and legibly write a short essay expressing why you wish to attend this program, what strengths make you a good candidate for our program and what challenges you expect to face. Tell us how you see massage therapy and bodywork in your life after completion of the massage program:

3. Medical Clearance: ___ Y ___ N. **Other** _____

4. Educational Documentation: ___ Y ___ N. **Other** _____

5. Finances : _____

6. Student Handbook signature page: _____

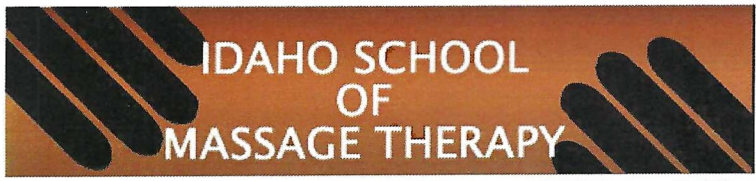
7. Interview Date: _____ **Application Fee:** _____

☞ I understand that Idaho School of Massage Therapy is registered with the State Board of Education in accordance with Section 33-2403, Idaho Code. I also understand that the State Board of Education has not accredited or endorsed any course of study being offered herein, and that these courses may not be accepted for transfer into any Idaho public postsecondary institution.

Print Name: _____ Signature: _____ Date: _____

Please complete Application and Mail or hand-deliver at time of Interview.
Non-refundable registration fee of \$100 due within 7 days of Interview.
Payment in the form of Cash, Credit/Debit or Check/ Money Order made payable to:

Idaho School of Massage Therapy
3551 E. Overland Road
Meridian, ID 83642
Phone: 208 342-3430



ENROLLMENT APPLICATION

**2023-24 Idaho School of Massage Therapy
Massage Program and Tuition Payment Plan**

PLEASE Note: pre-payment for classes is NOT an option.

- I will Pay 1/2 and 1/2 for each COURSE/TRIMESTER at 1/2 point and at its end _____ (initial here)
- I prefer to bring payments to class upon dates due but authorize the use of my credit/debit card to process tuition payments if I am unable to attend class on a due date _____
- I acknowledge 1.5% fee added to credit/debit card charge; No fee for Cash/Check _____
- I acknowledge the \$15 fee for each late payment date is my responsibility _____
- I wish to take SOME classes / ALL classes in Program _____ (indicate which)
- I prefer DAY classes / EVENING classes _____ (indicate which)
- I wish to begin classes in Trimester ___A___B___C (indicate which)
- I would like to apply for consideration in TUITION WORK-OFF PROGRAM _____

Non-refundable Application fee METHOD OF PAYMENT / Tuition payment method if selected above

Credit Card, Money Order/ Check

- Master Card Card Number: _____
- Visa Expiration Date: _____ CVC _____
- American Express Signature: _____ Billing Zip code _____
- Check/Money Order Check Number: _____

AUTHORIZATION TO DEBIT CREDIT CARD ACCOUNT

I, _____, hereby authorize Idaho School of Massage Therapy to debit my credit card account in accordance with the payment plan that I have selected. I understand that the Application Fee is non-refundable, and that I am responsible for the complete tuition for the courses in which I enroll. I acknowledge that failure to pay tuition in a timely manner shall incur additional fees.

I, hereby declare the information provided by me in this application is true, and correct to the best of my knowledge. I understand that any misstatement, misrepresentation or omission of facts on this application shall be considered cause for non-admittance or dismissal.

Signature: _____ Date: _____

Be advised and informed ~

Statistics show far too many students spend hard earned money for education and do nothing with it after graduation. Some report hearing that massage is “easy money”, only to discover that giving a competent massage is a very physical job and involves prolonged close contact with other people’s “stuff,” including germs, odors and warts across a wide array of body types.

Normal and customary expectations for Massage students : To develop proper technique and satisfactorily complete the massage therapy program, be able and willing to give and receive massage applications without posing health or safety risks to oneself, classmates, or school clients. This requires the ability to use both hands, single digits, forearms, and elbows to apply kneading, gliding, compressing, grasping, pushing, pulling, shaking, lifting, rubbing, holding, stretching, tapping, and twisting tissues at various frequencies and pressures over the full range of the body. Also, maintain proper standing and seated body mechanics while performing massage techniques including core stabilization, leaning, leveraging body weight, supported digits, and safety practices for up to one hour without interruption. Student Clinic practice can involve up to 6 one-hour massages in a single day; as can be typical in this profession.

It is the policy of this school to placement expectations. Over applicants, (50%) have found work in the field, opportunities in related and complete the program in 10 additional time. ISMT has a MBLEX exam. All licensed graduates are self-placed. Each student shall explore the current market demand and supply, participate in the Job Fair and finalize their Business Plan before graduation. As job postings are clearly displayed in the classroom for all students, ISMT is an equal opportunity establishment and does not place or hand-select its graduates for jobs. Students place themselves in an environment most suited to their professional needs, and personal values.

*Massage is a very physical
job... expect close contact
with other people's "stuff."*

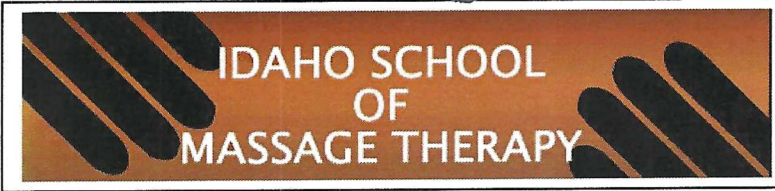
be transparent about completion and the past three years 14 of 28 completed the program. Of the 14, 12 and 2 have elected to pursue other non-related areas. While possible to months, many choose to take 99% first-time pass rate on the

It is not the practice of this institution to bar individuals from the pursuit of this vocation based on any form of discrimination. If any policy is perceived to place an unreasonable barrier to admission between the applicant and the school, please email or write the Director of your circumstances and needs prior to the application interview. And while a favorable outcome for an applicant based solely on a special needs request is not guaranteed, transparency is.

“Your friend in knead,”

Cynthia J. Mason, Director
Idaho School of Massage Therapy
3551 E. Overland Rd.,
Meridian, ID 83642

personal email: cyndula.cm@gmail.com; school email : ismtclinic@gmail.com;



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USE THIS SPACE FOR Questions, Requests, or NOTES

Idaho School of Massage Therapy

Admission and Non-Discrimination Policy

All applicants are screened, evaluated and interviewed prior to admission to assess ability to successfully complete the program in a way that is beneficial to both the student and in harmony with the school's stated mission. Emphasis is on personal history (ethics and ability to pass a background check), health history (ability to pass a physical, possessing compatible evidence-based approach to public health guidelines and ability to safely give and receive massage) and academic history (ability to complete and "pass" program/course-work). Consideration to course equivalencies for potential transfer of credit or course "Challenge" is to be addressed at Interview. ISMT does not discriminate on the basis of sex, race, color, religion, ethnicity, age or mental/physical disability in the administration of its policies.

School Mission: To promote and provide a consistent evidence-informed educational environment that facilitates the development of ethical massage therapy professionals who are well versed in both western and eastern models of manual medicine, and eligible for Idaho state occupational licensure.

General Admission Requires Supporting Documents:

1. Proof of High School Diploma/GED. Photocopies acceptable; Occupational Licensing will also require these. Have forwarded by mail or email to ismtclinic@gmail.com . Also, Official transcripts from colleges or vocational schools previously attended, where applicable for any credit transfer consideration.
2. Mail or Hand-deliver Complete Application w/Essay and recent 2x2 photo. New and returning Applicants must be on good standing with the school (no outstanding fees, fines, complaints, etc.) Payment of \$100.00 non-refundable Application Fee due within 7 business days post-Interview.
3. Two (2) Letters of Recommendation. Mailed or emailed to ismtclinic@gmail.com from individuals attesting to your potential as a massage therapist; (1 Personal, non-family member and 1 Professional: such as legal, health, financial, academic associations) each of which is to contain verifiable contact information.
4. Medical Clearance and Attestation. A complete medical wellness examination including standard blood panel (by MD, DO, LPN or PA). Provide Examiner with attached Medical Release Form. Examiner shall complete, initial and sign attestation statement. Applicant shall include dated, signed Medical Release Form (not test results) with application.

Process:

- In-Person Interview with School Administrator. Schedule and Appear for Interview with Cynthia Mason; Bring Application for review and allow 1 hour for assessments and interview. Applicant is to complete all aspects of application process, including medical clearance before trimester registration and orientation. A request for Medical Clearance waiver shall be considered at this time where disability status and/or medical test findings satisfy the Administrator's criteria, having little or no bearing upon physical ability, personal health and public safety in the context of this training or profession.
 - Applicant and Administrator shall address financial obligations, transportation, availability, medical, physical, philosophical and other concerns and needs at this time.
 - Applicant is provided verbal and/or written Letter of Acceptance or Denial at or within 7 days of interview.
 - Applicant attends Trimester Orientation, to register for courses in each of the following: Trimester A, B or C. To complete the program in a minimum of 10 months, applicant begins at Trimester A.

Denial of Admission: This institution reserves the right to deny or revoke admission to any person for the following reasons, at any time, if the applicant:

- does not meet the stated admission requirements and/or procedures;
- is unable to meet time requirements, personal and/or financial obligations to the school;
- is unable or unwilling to safely give and receive massages, or follow school infection and disease protocol;
- is unable to pass a background check; or ethically incompatible with stated school mission.

Idaho School of Massage Therapy

“Transfers” must complete the Admission process

Transfer of credit may be available for “substantially similar” course work and current working knowledge of subject matter. ISMT cannot guarantee full transfer of credit from nor to any other school. Applicants shall provide transcripts, a course syllabus for each course, and may be subject to a course-specific exam, and/or practical evaluation; a passing grade of 70% or better is satisfactory. Send inquiries regarding course credit transfer to Cynthia Mason, Director or bring supporting documents to your Interview.

“Portfolio Review” and “A la Carte” classes must complete the Admission process

Those seeking individual courses for personal education, “A la Carte” classes or for meeting the requirements of a “Portfolio Review” by the State Board of Occupational Licensing must complete the admission process in its entirety. Any course work involving hands on bodywork will require the applicant to obtain Student Insurance for their own personal liability coverage.

“A La Carte” classes are offered to those applicants who seek quality in-class experiences for educational purposes but not occupational licensing. If you are unwilling to complete all the requirements of an individual course, including writing assignments, practicum, case studies, and research, do not bother to apply.

Individuals seeking professional licensure, who fall a little short of the educational requirements in Idaho, may consider taking individual courses at ISMT for “Portfolio Review” by the Occupational board of Licensing. If you are unwilling to complete all the requirements of the individual courses including practicum, writing assignments, research and case studies, do not bother to apply. Bring any supporting documents, including transcripts and syllabi to your Interview for consideration.

Former or Returning ISMT or Three Oaks students who wish to take classes, but have been away from this program longer than 12 months (includes supervised student clinic, make-up class or Retake), must repeat the Admission process in its entirety. ISMT strongly recommends you not take longer than 5 years to complete the entire program as you will be retested for demonstration of technique skills and body science knowledge. Retaking of classes may be required by the Director, at additional cost.

Idaho School of Massage Therapy

Use this Form for Medical Clearance Purposes:

*I attest that I, _____ (Examiners Name and credentials) ,
am duly Licensed by the State of Idaho, and have completed a Physical Examination,
including Standard Blood Labs and Consultation for the Massage Program Applicant:
_____ (Patient name)
on this day: _____ .(Date)*

The Exam and consultation did include: (Initial only all that apply:)

- _____ Physical Examination with Standard Blood Labs and Consultation for general wellness and readiness for participation in a close proximity occupation: Massage Therapy;
- _____ Review of Known Allergies
- _____ Review of Known Communicable Diseases
- _____ Review of Vaccination status

- _____ Examiner DID NOT recommend additional pathogenic testing based on applicants Physical Examination and Blood Labs.

- _____ Examiner DID recommend additional pathogenic testing based on applicants Physical Examination, Consultation and Labs - (pathogens readily communicable through the normal course of giving and receiving massage including but not limited to Tuberculosis, Hepatitis, Human Papilloma Virus, Sars-Covid-2, Mers, etc.);

- _____ Examiner Reviewed recent pathogenic test results for readily communicable disease (within 6 months) and made recommendations for management;

And –

***I further attest that the Applicant is in a state of general wellness and readiness, is able to safely give and receive massages and is cleared to participate fully in activities consistent with a massage training program.
_____ . (Examiner initial here)***

Examiner's signature _____

Applicant's signature _____ Date: _____

Examiner's Contact Information: Provide Name of Medical Facility (or attach business card)

Address
City, State, Zip

Phone Number

Email