



**Pueblo
Community
College**



Massage Therapy Application For class starting Fall-2010

Applications are available by November 15th, 2009.
Admission is on first come, first served basis until the class is full.

Deadline for submission is **August 1, 2010**.

This deadline but may be extended if there are openings available in the program.

Only **complete** applications (with transcripts &/or Accuplacer scores attached) will be considered. If academically qualified, students will be admitted to the Massage Therapy program **after**

- 1) Transcripts or Accuplacer scores have been reviewed by Program Chair, and,
- 2) Interview with Program Chair (contact Kathy Stanko at 549-3280 for appointment), and,
- 3) Confirmation page of Criminal Background check through American DataBank (www.healthcarex.com) is received.

Please read the following statements and initial that you understand these requirements in the space provided.

Applicants will be notified of their status by email, or phone call. _____ **Initial**

It is the responsibility of the applicant to assure that their email address & phone number are current. _____ **Initial**

If unable to contact by phone and/or student does not respond to 2 phone contacts, the next eligible candidate will be contacted to begin class in fall. _____ **Initial**

If there is a change in address or phone number, written notice must be made to _____ **Initial**
Program Chair, Lynne Ross.

**Return completed application to Kathy Stanko in MT 176, or mail to:
Lynne Ross, Cosmo-Massage Building
Pueblo Community College
900 W. Orman Avenue
Pueblo, CO 81004**

Date Received: _____ Received by: _____

Program Preference: Daytime _____ Evening _____



MESSAGE THERAPY PROGRAM APPLICATION

NAME: _____
Last First Middle

DATE: _____ Student ID: S _____

Maiden/Former Name(s): _____

Mailing Address: _____
Street City State Zip

e-Mail: _____

Phone: _____
Home Work Emergency

Applicant Check List - √ that all items have been completed before submitting application.

- _____ 1. Application to Pueblo Community College submitted.
- _____ 2. Academic Requirements (prerequisites) Completed or In Progress

***** A transcript and/or Accuplacer Scores MUST be attached as evidence of completion with a C or above or evidence that completion of the class is "In progress" *****

A. Indicate score, grade, In Progress (IP), or other college level courses completed with a "C" or above.

WRITE ACCUPLACER SCORE or, WRITE GRADE OR "IP" IF IN PROGRESS

English (95) _____ or ENG 090 _____

Reading (80) _____ or REA 090 _____

Math (45EA) _____ or MAT 060 _____

B. I have completed the following Massage Therapy Program pre-requisites with a grade of a "C" or higher:

BIO 106 (Human Anatomy & Physiology) _____

HPR 178 (Medical Terminology) _____

HHP 224 (Intro to Massage Therapy) _____

HWE 275 (Ethics of Touch) _____

Please read the following statements and initial that you understand these requirements in the space provided.

Due to a change in policy mandated by the State of Colorado, all students entering health programs at Pueblo Community College are required to complete a Criminal Background Check (\$59.00) **before** admission to any Health Profession program. Applicants are encouraged to begin this process **AFTER** they have been notified that the academic requirements for program admission have been met. _____ **Initial**

The Criminal Background Check **must** be submitted and a copy of the **CONFIRMATION PAGE** received by **August 11, 2010** for entrance into the program for **Fall 2010**. _____ **Initial**

Most Health Occupation Boards have the right to withhold certification or licensure if the applicant is addicted or dependent on alcohol, or habit forming drugs, is a habitual user of controlled substances, or if the applicant has ever been convicted of a felony. Circumstances guide these decisions. Additional program requirements include background check, drug screens (\$25.00), current immunizations (MMR, TB, tetanus, and Hepatitis), current 2 year Health Care Provider CPR card and purchase of liability insurance (\$15.00). Specific information will be provided during interview with Program Chair and/or at Orientation. _____ **Initial**

Additional costs include lotions, scrubs, massage supplies, towels & sheets, books and the purchase of professional massage sessions will be at the students' expense. _____ **Initial**

I understand that I must become a Registered Massage Therapist with DORA before I am eligible to practice Massage Therapy in Colorado. _____ **Initial**

To the best of my knowledge and belief, the information I have given on this form is correct and can be verified. I have not withheld information that would affect my acceptance to the Massage Therapy Program. I have read and understand the instructions and process for admissions into the Massage Therapy Program. I understand that only complete applications with transcripts or Accuplacer scores attached will be considered.

APPLICANT'S
SIGNATURE: _____ DATE: _____

Completion of this form does not constitute admission to the program.

NOTICE OF NON-DISCRIMINATION STATEMENT

Pueblo Community College is an equal-opportunity educational institution which does not discriminate on the basis of age, race, religion, color, national origin, sex, or disability in its activities, programs, or employment practices as required by Title VI, Title IX, Section 504, Age Discrimination Act, and Title II of the ADA.