

MASSAGE THERAPY



The following items are **REQUIRED** for your application to be considered complete:

- Copy of a valid FL driver's license or photo ID.
- Copy of high school diploma or GED diploma.
- Official, sealed high school transcripts.
 - GED transcripts are required if you received a GED.
 - Official sealed high school transcripts are still required in addition to your GED transcripts.
- Official college transcripts (if applicable)
- Essay telling why you wish to become a Licensed Massage Therapist, what you know about Massage Therapy as a healthcare profession, and your goals upon completion of the program.
- Massage Therapy Questionnaire
- Two (2) completed Professional Recommendation Letters
 - Signed by the applicant and the person writing the recommendation
 - References cannot be related to you; no relatives or friends.
- Read, sign, and date technical standards form.





ENTRANCE ESSAY - MASSAGE THERAPY

Use the following section to tell us in your own words, why you wish to become a Licensed Massage Therapist, what you know about Massage Therapy as a healthcare profession, and your goals upon completion of the program. You may handwrite or type the essay.



TECHNICAL STANDARDS – MASSAGE THERAPY

Students who are accepted into the Massage Therapy Program must be able to perform the following standards:

- Walk the equivalent of two (2) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Stand for prolonged periods of time.
- Perform CPR/First Aid.
- Lift a minimum of 40 lbs.
- Tolerate exposure to aromas, oils, lotions, and other massage therapy products.
- Distinguish colors.
- See objects as small as 1mm.
- Cope with opposition in a calm manner and demonstrate patience.
- Concentrate.
- Be flexible and self-directed.
- Ability to problem-solve.
- Communicate well in writing and verbally; maintain confidentiality (HIPAA).

By signing below, I acknowledge that I contain the characteristics needed to perform the standards noted above and to conduct myself in a professional manner as expected of a healthcare worker.

Applicant Signature: _____

Print Name: _____ Date _____

Marion Technical College
1014 SW 7th Road, Ocala, Florida 34471
TELEPHONE: 352.671.7219 • FAX: 352.671.7221 • WEBSITE: www.mariontc.edu
Equal Opportunity Schools

MASSAGE THERAPY PROGRAM ACCEPTANCE

Once you have submitted the required application documents described in this packet, your application will be reviewed by the Health Sciences administration and you will receive an email indicating your status as soon as possible.

Acceptance: Upon receiving an acceptance letter* into the program, you will need to complete the following:

Basic Skills Requirement (PERT Test) - This test is not required for admission; however, the initial examination must be completed within the **First Six Weeks** of class on your own time. Contact Student Services at (352) 671-4134 to schedule a testing appointment.

You may be exempt from taking the PERT Test if:

- you have earned an AA Degree or higher;
 - you have taken the CPT, PERT, ACT, or SAT within the last two years;
 - you have a GED from 2014 to the present year;
 - you have received a standard Florida public school diploma from 2007 to present.
- **Background Check** - due prior to the first day of class. Students who have not completed their background check prior to the first day of class will not be able to attend class. The cost is \$47.
 - **Health records** must be complete and contain results from the physical exam and laboratory tests such as titers, as well as all required immunizations with dates. The health screening documentation must contain the signature of a qualified healthcare professional (Physician, Physician Assistant, Nurse Practitioner). This is to be done BEFORE entry into the program. YOUR SEAT is not confirmed until ALL of your paperwork is submitted. NO EXCEPTIONS.
 - **Physical examination** – Proof is due at Orientation.
 - **All Immunizations** – Proof is due Orientation - Hepatitis B, Tetanus, Measles Mumps Rubella (MMR), Varicella Zoster (Chicken Pox), Influenza, Tuberculosis (PPD). TB test is good for one year. If your TB Skin Test comes back positive, we will need a copy of your results from the chest X-Ray.
Covid – not mandatory.
 - **Drug Screenings** - are required for all students in Health Sciences Programs. A completely negative drug screen is required



MESSAGE THERAPY QUESTIONNAIRE

Please answer to the best of your ability:

1. Financial and time management.
 - a. What hardships do you foresee (if any) with the attendance requirements of our program? (I.e. Current work schedule, family demands, other activities).
 - b. Do you have financial arrangements made to cover the cost of the program?

2. Do you have personal and reliable transportation? _____
3. What does a current or former employer say about your punctuality and attendance?

4. How do you typically deal with and problem-solve a conflict with a co-worker?

5. What is your comfort level with individuals from diverse ethnicities, cultures, or beliefs?

6. Explain how you react to and handle unexpected changes at work, school, or home?

7. What is your ideal learning environment for optimal academic success?



Massage Therapy Program

Return To: Marion Technical College
1014 S.W. 7th Road, Ocala, FL 34471
FORM MAY BE FAXED TO: (352) 671-7221.

PROFESSIONAL RECOMMENDATION FORM

Applicant: _____
Please Print _____ Signature* _____

(*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to MTC).

NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES.

1) How do you know this individual? _____ # of years _____

2) Do you feel this individual would adapt and excel in the role of a nurse? ___ Yes ___ No ___ Not Sure

Comments: _____

3) I have observed the following attributes in this individual (only check those that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Cheerfulness | <input type="checkbox"/> Self-Motivation | <input type="checkbox"/> Good Attendance | <input type="checkbox"/> Critical Thinking |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Team Player | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Initiative | <input type="checkbox"/> Multi-Tasking | <input type="checkbox"/> Effective Communication |
| <input type="checkbox"/> Honesty | <input type="checkbox"/> Punctual | <input type="checkbox"/> Time Management | |

4) What do you feel is this individual's greatest strength? Why? _____

5) What do you feel is this individual's greatest weakness? Why? _____

6) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important. _____

8) Additional comments: _____

Signature (person making recommendation): _____

Print Name _____ Title/Credential _____ Date _____

Contact Phone Number _____



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