

MASSAGE THERAPY PROGRAM APPLICATION PROCESS & CHECK LIST

Now that you have decided Fox Valley School of Massage is the right choice for you, begin the application process.

Fill out the application and mail it to the Post Office Box along with the forms listed below.

Once we process your forms, FVSM will call you to set up an interview. Interviews are conducted either over the phone or in person.

- Application with Essay (see page 3 for essay details)
- Application fee (\$50 non refundable)
- 2 Letters of Recommendation
- Physician's / Health Care Providers Approval Form
- School Transcript / Copy of Diploma

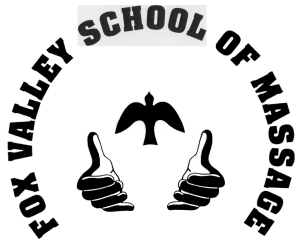
The next step is for you to fill out the enrollment form and send it along with your tuition deposit.

You will also need to complete an Adult CPR-AED, 1st Aid class. Ideally this is completed before you start. It is required by the end of the second month of classes.

- Enrollment form
- Tuition deposit of \$750
- First Aid, Adult CPR-AED Class

Next purchase your books and supplies and get ready to begin.

- Textbooks and flash cards (see pg. 7)
- 3 Sets of twin sheets
- 3 king size pillow cases (see pg. 8)
- 4 Hand towels
- 2 Twin size blanket
- 2 XL bath towels
- Notebook & pen
- Highlighters
- Colored Pencils



Fox Valley School of Massage

Application for Admission
Massage Therapy Program

Office Use Only

Date App Rec'd
App Fee Cash/Ck
Essay Enclosed
2 Letters of Rec
Date of Interview
Actp Ltr Emailed
Date Dep Rec'd
Deposit Amt
Dep Paid Cash/Ck
Dep Rec'd emailed
Transcripts/Diploma
PAF
CPR-AED/1st Aid
Payment Plan Rec'd
WI Exam ABMP

Please type or print clearly

General Information:

Applying for: **Fall** (September start) **Spring** (February start)

Name _____

E-mail address: _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____ Male Female

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Cell Phone _____

Occupation: _____ Place of employment _____

Work address _____

Emergency phone numbers (day & night) _____

In case of emergency contact: _____ Relationship _____

Previous Massage and Related Education:

List and describe briefly. Use a separate sheet if necessary.

Educational Background:

(Please state your name on school record, if different) _____

Name _____ City/State _____ Dates Attended _____

Degree High School _____

Degree College _____

Tech/Vocational _____

Other Professional Courses _____

Health Status:

Allergies (to medication, foods, nuts, oils, latex, other) _____

Special medications needed: insulin, inhaler etc _____

Signed: _____ Date _____

Intention of Class Instruction:

Please check which of the following apply:

- _____ Licensing with the state as a Massage Therapist
- _____ Employment as a massage therapist
- _____ Licensing with the state as a Massage Therapist / Personal knowledge
- _____ Personal knowledge and enjoyment
- Other (please specify) _____

Essay:

****Please include a brief typed essay (on a separate sheet) answering the following question.**

Why do you want to become a massage therapist and what will you contribute to the field?

References: From Employers, Co-workers, Members of the community.

Please provide the following information regarding references for admission.

These should be the people writing your letters of recommendation required for admission. The letters can be sent in with your application or mailed separately from the people writing the letters. Friends / Co-workers

Name for Reference #1 _____

Address _____

City _____ State _____ Phone () _____ - _____

Relationship to applicant _____ Number of years known _____

=====

Name for Reference #2 _____

Address _____

City _____ State _____ Phone () _____ - _____

Relationship to applicant _____ Number of years known _____

Tuition Payment:

I will pay all remaining tuition in full on the first day of class.

I will pay all remaining tuition with the payment plan.

How did you hear about our school? _____

Please return this form with your application fee to our post office box for secure delivery:

Fox Valley School of Massage

P.O. Box 615

Neenah, Wi 54957-0615

Once we receive your application we will contact you to set up an interview.

Fox Valley School of Massage – Massage Therapy Program Enrollment Form

**2018-2019 Enrollment Form for the
Professional Massage Therapy Program
Return this form with your Tuition Deposit to FVSM**

**Send to: FVSM
P.O. Box 615.**

Neenah, WI. 54957-0615

Class Schedule: Check the class you are interested in attending
_____ September 2018 – May 2019. Thursday Day Class.

This class includes approximately 1-2 weekends per month.

_____ February 2018 – August 2018 Tuesday Day class

This class includes approximately 1-2 weekends per month

Tuition deposit of \$750.00 paid to secure spot in class.

The Tuition deposit is non-refundable.

Remainder of Tuition – Please check one

_____ Payment in full on the first day of class \$6750.00 to pay tuition in full

_____ Payment plan.

First Day Payment of \$1350.00 and also as listed below

Sept Class Payment Plan: \$900 due the 1st of Oct., Nov., Dec., Jan., February & March

February Class Payment Plan: \$1350.00 is due March 1, April 1, May 1, June 1.

By signing below you are stating that you understand the payment plan and that you agreeing to provide payment as indicated by your check marks above.

Signature: _____ **Date:** _____

Name: _____ **Email:** _____

Phone: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Deposit Amount: \$ _____ **Cash / Check #:** _____



Fox Valley School of Massage
Post Office Box 615 • Neenah, WI 54957-0615
Phone: (920) 915-0744

Physician's/Health Care Provider Approval For MASSAGE THERAPY PROGRAM

All students enrolling into the Professional Massage Training Program offered by FVSM need to see their Health Care Practitioner prior to classes starting. The following information must be filled out by one of the following: a MD, a Physician's Assistant or a Nurse Practitioner and returned to FVSM before classes start.

Today's Date: _____

Student's Name: _____

Class Enrolling In: _____

Health Care Practitioner's Name: _____ Title: _____

Health Care Practitioner's Signature: _____ PH#: _____

1) Is the student physically capable of providing massage? YES / NO (*circle one*)

Comments: _____

2) Is the student free of any communicable skin diseases or rashes to receive massage?
YES / NO

If no, what precautions should be taken? _____

3) Please list all medications and indicate if any require special precautions.

(EXAMPLE: Is this person taking any anti-coagulants or blood thinners?)

Comments: _____

4) Please list all medical conditions and indicate if any require special precautions.
(EXAMPLE: Is this person an insulin dependent diabetic?)

Comments: _____

If you have any questions about this form, please contact us at (920) 915-0744.