

# MASSAGE THERAPY



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

- Copy of a valid driver's license
- Copy of Social Security card (name must match the name on driver's license)
- Copy of high school diploma or GED diploma
- Official, sealed high school transcripts
  - GED transcripts are required if you received your GED
  - If you have your GED, official sealed high school transcripts are still required even if incomplete.
- Official college transcripts (if applicable)
- Copy of college diploma (if applicable)
- Essay telling why you are interested in the Massage Therapy program and what you know about the Massage Therapy profession
- Two (2) completed Professional Recommendation Letters
  - Should be signed by the applicant and the person writing the recommendation
  - References cannot be related to you; No family members, friends, boyfriends, etc.
- Complete One (1) professional massage and questionnaire

# MASSAGE THERAPY

- Read, sign and date technical standards form
- Must attend ONE (1) Information Session: August 21, September 18, October 9 or November 13, 2017 for the January 2018, night class. All Information Sessions are on Monday nights at 6:00 P.M.
- Complete the “My Career Shines” Assessment in Student Services

The following will be required **IF** you are accepted into the Massage Therapy Program:

- TABE Test – This test is not required for admission, however, it must be completed within the **First Six Weeks** of class on your own time.
- To schedule a testing appointment, please contact Student Services at (352) 671-4134.
  - If you have earned an AA Degree or higher, the TABE test may be omitted.
  - If you have taken the CPT, PERT, ACT, or SAT within the last two years, you may also be exempt from the TABE test.
  - Due to the heavy workload, it is highly recommended to schedule your TABE test prior to the beginning of classes.
  - If you have a GED from 2014 to present year you are exempt from TABE
- **MUST** bring in proof of your background check (we will provide paperwork upon acceptance) due in **First Six Weeks** of class.
- Physical examination form will be due within the first six weeks of class.
- **All Immunizations – are optional but recommended:**
  - Hepatitis B, Tuberculosis (PPD), Measles Mumps Rubella (MMR), and Varicella Zoster (Chicken Pox)



## MASSAGE THERAPY STUDENT SUPPLY LIST

**Please Note:** These are the minimum supplies you will need to bring to class with you. Other items may be needed as the class progresses.

TWO (2) Fitted Twin Size Sheets (solid or dark color only)

TWO (2) Flat Twin Size Sheets – same colors as above

TWO (2) Standards pillowcases – same colors as above

TWO (2) Extra Large Bath Towels – (**NOT** Beach Towels)

TWO (2) Hand towels

ONE (1) Small plastic sprayer bottle

ONE (1) Pint plain rubbing alcohol

ONE (1) Bottle of “Purell” or any other brand of alcohol-gel hand sanitizer

Nail Clippers

Nail File

Hair Clips or Bands to hold up hair during labs

At least two (2) notebooks and paper

Pencils and pens – preferably ballpoint pens

You will find that you will need a well-made carryall bag. Be sure the handles are reinforced because the cheap ones will not hold the weight of your lab supplies for long ---preferably one on rollers.

**Approximate Cost: \$ 200.00**

## MASSAGE THERAPY QUESTIONNAIRE

### INSTRUCTIONS TO POTENTIAL STUDENTS:

You are required to have one (1) professional massage. You are to ask the Massage Therapist the following questions; you are to document their answers on your paper. Have the Massage Therapist sign off and give you a business card to attach to the form. Please return this form with your completed application.

1. How physically demanding is massage?
2. Are the physical demands more than you expected?
3. Where did you train? Was the training more or less than you expected?
4. How many hours was the program where you received your training?
5. How much marketing is required to maintain your client base?
6. Do you rent, work on commission, or are you on a salary?
7. Do you specialize? If so, in what area?
8. What is the demand for your area of expertise?
9. How many hours per week do you work?

Massage Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## TECHNICAL STANDARDS

### HEALTH SCIENCE

Students who are accepted into the Health Science programs are required to be able to perform the following tasks:

- Walk the equivalent of five (5) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit, stand for prolonged periods of time.
- Perform CPR/First Aid.
- Lift a minimum of 50 lbs.
- Manipulate small objects dexterously.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1mm.
- Hear subtle sounds, such as heart or lung sounds.
- Withstand varied environmental conditions such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions fast under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner.
- Cope with death and dying.
- Concentrate.
- Be flexible and self directed.
- Problem solve.
- Demonstrate a high degree of patience and confidentiality.
- Communicate in writing and verbally.

By signing below, I acknowledge that I can perform all the tasks mentioned above.

Applicant Signature: \_\_\_\_\_

Print \_\_\_\_\_ Date \_\_\_\_\_

Marion County Public Schools

1014 SW 7<sup>th</sup> Road, Ocala, Florida 34471

TELEPHONE: 352.671.7219 • FAX: 352.671.7221 • WEBSITE: [www.mariontc.edu](http://www.mariontc.edu)

*Equal Opportunity Schools*

# MASSAGE THERAPY QUESTIONNAIRE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please print legibly a brief response to the following questions:**

1. REASON FOR APPLYING/UNDERSTANDING OF THE FIELD

- a. Tell us why you would like to become a massage therapist.
  
  
  
  
  
  
  
  
  
  
- b. Have you ever had any experience in the Massage Therapy or the medical field? Explain.
  
  
  
  
  
  
  
  
  
  
- c. Tell us what you know about the Massage Therapy field.
  
  
  
  
  
  
  
  
  
  
- d. Tell us what your plans/goals are for the future if you were to become a massage therapist.

2. FINANCIAL AND TIME MANAGEMENT ARRANGEMENTS

- a. What hardships do you foresee (if any) with the attendance requirements of our program? Please explain how you plan to deal with this problem(s).
  
  
  
  
  
  
  
  
  
  
- b. What financial arrangements have you made to provide for the expenses involved in our program and the possibility of not being able to work.
  
  
  
  
  
  
  
  
  
  
- c. Do you have reliable transportation?

3. GENERAL QUESTIONS

a. What are some comments that your most recent employer (teacher) has said to you about your performance at work (or school)?

b. Approximately how many days have you missed from work or school in the past year? \_\_\_\_\_ Two Years? \_\_\_\_\_

Can you explain the reason for the majority of these absences?

c. Can you relate to us the most recent experience you had dealing with a conflict situation involving another person at work or school? What did you learn from this experience?

d. How are you with dealing with people that are difficult, or people that are from a different culture or have different beliefs?

e. Can you tell us the most recent experience that you have had which demonstrates your ability to handle unexpected changes at work, school or at home?

f. How did you hear about our program?

g. Do you want the day or evening class?





MARION TECHNICAL COLLEGE  
CHERYL SIRMONS, HEALTH SCIENCE ADMINISTRATOR

**HEALTH SCIENCE  
PROFESSIONAL RECOMMENDATION FORM**

(This form **MUST** be filled out by someone who is not related to you and who has known you for at **LEAST** a year. i.e. Former or current employer, religious affiliation, former or current teacher.)

\_\_\_\_\_ has applied to the \_\_\_\_\_ program at Marion Technical College. Please answer the following questions in reference to the above named individual.

In what capacity have you known this individual?

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How long have you known this individual? \_\_\_\_\_

In your interactions with this individual, do you feel this individual has any characteristics that would be beneficial in their chosen field of study? Explain.

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Additional Comments:

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Reference

\_\_\_\_\_  
Contact Phone Number

Marion County Public Schools

1014 SW 7<sup>th</sup> Road, Ocala, Florida 34471 • tel.352.671.7219 • fax 352.671.7221  
website:www.mariontc.edu

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MARION TECHNICAL COLLEGE  
CHERYL SIRMONS, HEALTH SCIENCE ADMINISTRATOR

**HEALTH SCIENCE  
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Additional Comments:

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Reference

\_\_\_\_\_  
Contact Phone Number

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