

CLINICAL MASSAGE THERAPY DIPLOMA PROGRAM



ADMISSION CHECKLIST

This checklist will lead you through the steps of the Admission Process. We encourage you to complete and submit your Application Form as soon as possible. Keep this checklist for reference as you complete the steps of the process:

- Tour of Facility**
- Sign Pre-Enrollment Checklist**
- Sign Transferability of Credit Form**
- Application Form**
- Two (2) Letters of Recommendation**
- Essay**
- Official School Transcript (s)**
- Payment of \$75.00 Application Fee**
- Interview**

APPLICATION FOR ADMISSION

IV. LEGAL AND ETHICAL QUESTIONS

Please answer the following questions truthfully as they may influence your ability of become licensed in many states. Answering the questions inaccurately will disqualify you from acceptance by Arbor Institute of Massage, however, no question listed below will automatically prohibit you from acceptance into the program without giving you an opportunity to explain the circumstance during the interview process.

- A. Will you require any special teaching/instruction assistance in completing Arbor Institute of Massage’s Clinical Massage Therapy Program? *[If yes, explain circumstances on a separate sheet.]* Yes No
- B. Have you ever been dropped or dismissed from a post secondary school or college? *[If yes, explain circumstances on a separate sheet.]* Yes No
- C. Have you ever been arrested or convicted of any felony? *[If yes, explain circumstances on a separate sheet.]* Yes No
- D. Have you ever been charged or convicted of any sexual impropriety including; solicitation or prostitution, ? *[If yes, explain circumstances on a separate sheet.]* Yes No
- E. Do you have a history of chemical or substance abuse? *[If yes, explain circumstances on a separate sheet.]* Yes No
- F. Have you at any time applied for admission and been rejected by any college, university, or vocational school? *[If yes, explain circumstances on a separate sheet.]* Yes No
- G. Do you have any physical, psychological, or emotional problems of which we need to be aware? *[If yes, explain circumstances on a separate sheet.]* Yes No
- H. Do you have a High School Diploma or a General Equivalency Diploma (GED)? Yes No

V. AWARDS AND EXTRACURRICULAR ACTIVITIES

Award/Honor/Activity	Description of Award, Honor, Extracurricular Activity

VI. FINANCIAL DISCLOSURE

How do you intend to pay your tuition?

- In Full Prior to Attendance
 Installment Payments
 Private Educational Loan
 Veterans’ Benefits
 Arbor Loan
 Vocational Rehab
 Employment Assistance
 Other_____

VII. STATISTICAL INFORMATION

Information contained in this section will be used for purposes of statistical analysis only. It is not used in the admission process and will have no bearing on your admission status. Providing this information is completely voluntary.

Gender

- Male
 Female

Ethnic Identity

- Caucasian /White
 African-American/Black
 Hispanic/Latino
 American Indian
 Asian
 Pacific Islander
 Other

Relationship Status

- Single
 Married
 Partnered
 Separated
 Divorced
 Significant Other
 Widowed

VIII. EMPLOYMENT

	Begin		End		Supervisor
	MO	YR	MO	YR	
Employer					
Position					
Employer					
Position					
Employer					
Position					

IX. ESSAYS

Please write an essay addressing each of the following topics. The essay should be typewritten, double spaced, and should not exceed four (4) pages, or be less than two (2) pages in length.

A. Biography: The Story of Your Life

This essay should address the highlights of your life including; family, friends, achievements, hobbies, interests, and any important facts you wish to share, so we might determine your personality and ability to succeed in the Clinical Massage Therapy Certification Program.

B. Why did you choose Arbor Institute of Massage?

This essay should address your reason for selecting Arbor Institute of Massage as your massage school. Please describe your process for selecting A.I.M.

C. Why do you want to be a Massage Therapist?

This essay should include information about why you have decided to become a massage therapist. Detail any information you have researched regarding the industry and what challenges and problems you might face during the program. Explain your experience with massage therapy. Do you receive regular professional massage?

X. SIGNATURE

If accepted, I agree to abide by all school rules and regulations in effect during my enrollment. I certify that all the information provided on this application, all supporting documents, and subsequent communications are true, complete, and accurate. I understand that Arbor Institute of Massage may verify information I have provided in my application, and may deny me admission or enrollment if any information is found to be incomplete, inaccurate, or misleading.

Applicants Signature

____/____/20____
Date of Application



REQUEST FOR TRANSCRIPT

Arbor Institute of Massage requires an official transcript for your most recent post-secondary degree. An official high school transcript is only required for those candidates without post-secondary degrees (Associate, Bachelors, Masters, Doctorate, etc). Copies in your possession are not *"OFFICIAL"*.

To Be Completed by Student:

School Name _____

Street Address _____

City, State, Zip Code _____

Year Graduated _____

Identifying Information:

Social Security Number ____ - ____ - ____

Date of Birth ____/____/____

Full Name: _____

Other Names Used _____ Telephone # _____

Address _____

City, State, Zip Code _____

I request that official academic transcripts be mailed to:

Arbor Institute of Massage

Attn: Admissions Office

6500 Papermill Drive, Suite 102

Knoxville, Tennessee 37919

Applicant's Signature

____/____/20____
Date



POTENTIAL, ADDITIONAL, AND OPTIONAL COSTS

Arbor Institute endeavors to deliver the highest quality massage and body work education at the most affordable price possible. It's important to us that you completely understand the commitment that you will be making of your time, energy, and finances. It is our hope that the following information regarding potential, additional, and optional costs will help you make the most informed and practical decision. Should you have any questions regarding the cost of the program or necessity of potential, additional, and/or optional costs, please feel free to ask.

Classroom Supplies

Text Books	\$350
Uniforms (2 sets of approved scrubs-must be red)	\$25-30 per set
Paper and Supplies	
• 2" 3 ring binders	\$4-\$8 each
• Notepaper	\$1-\$3 each
• Pens/Pencils	\$2-\$7
Lotion/Oil Holster and Bottle (Black Only)	\$8-\$12

Student Clinic Supplies

Malpractice Insurance (Student)	\$65 per year
3-6 Twin Sheet Sets (Flat, Fitted, and Pillow Case or Face Rest Cover)	\$10-\$20 per set
1 Gallon Massage Gel	\$30
1 Box of Business Cards	\$30

Optional Materials and Supplies

Massage Table	\$450-\$900
Massage Chair	\$200-\$425
Massage Bolsters and Wedges	\$18-\$75

Fees of Post Graduate Testing and Licensure

National Certification Examination (Depending on Exam)	\$200-\$250
Criminal Background Check	\$48-\$55
Passport Photo	\$8-\$15
Birth Certificate (Depending on State)	\$8-\$12
Massage Licensure Fee (Depending on State)	\$280-\$350

CURRICULUM OUTLINE



6500 Papermill Drive, Suite 102
 Knoxville, Tennessee 37919
 Office: (865) 450-3330
 Fax: (865) 588-0909

		Hours	Cost
LIFE SCIENCE	LS100	Anatomy & Physiology	80 495
	LS101	Kinesiology	80 495
	LS102	Pathology	40 248
	LS103	HIV/AIDS	8 52
		208	
MESSAGE SCIENCE	MS100	Massage Technique I: Introduction to Massage	50 310
	MS101	Massage Technique II: Intuitive Massage	20 124
	MS102	Massage Technique III: Clinical Massage	40 248
	MS103	Massage Technique IV: Sports Massage	20 124
	MS104	Massage Technique V: Hot Stone Massage	20 124
	MS105	Massage Technique VI: Myofascial Massage	30 186
	MS106	Massage Technique VII: Reflexology	20 124
		200	
PRACTICE MANAGEMENT	PM100	Practice Development	20 124
	PM101	Marketing Promotion	18 111
	PM102	Community Service	7 43
	PM103	Ethics	10 62
	PM104	Law	5 31
		60	
MISCELLANEOUS	PHR100	Pharmacology	10 62
	CPR100	CPR/First Aid	6 36
	EW100	Energy Work	24 149
	CM100	Survey of Complementary Modalities	30 186
	CP100	Clinical Practicum	100 619
		170	
		638	\$3,900



Recommendation for Admission

The below referenced individual has applied for admission to Arbor Institute of Massage. The applicant has indicated that you would be able to evaluate his/her qualifications and provide us with a candid recommendation. Please complete this form and return it to the school at your earliest convenience. **Referring individual should not be a relative of the application.** Considerable value is placed on personal recommendation during the application review and selection process. Your input is greatly appreciated.

Applicant Information

In order to insure the quality of our students, we require two recommendations for each prospective applicant prior to acceptance into the program. Please complete the following information about yourself and your reference:

Applicant's Name: _____

Address: _____

Home Telephone: _____ Email: _____

Reference Information

Name of Reference: _____

Organization: _____ Position/Title: _____

Address: _____

Home Telephone: _____ Email: _____

Applicant Summary

Are you aware of any conduct by the applicant that may indicate a lack of good ethical judgment? If so please describe: _____

Please describe the applicants strengths: _____

Please describe the applicants weaknesses: _____

Knowledge of the Applicant:

How long have you known the applicant? Years _____

In what capacity have you known the applicant?

- Supervisor/Employer Clergy Coach
- Instructor Friend Mentor
- Other _____

Please rank this applicant on the following characteristics:

	Outstanding	Good	Average	Below Average	Poor
Maturity					
Intellectual Ability					
Team Work					
Work Habit					
Interpersonal Skills					
Leadership					
Motivation					

Summary Statement

Please summarize your recommendation. You may include any additional comments that will assist us in the evaluation of this applicant for professional studies. _____

My Overall Recommendation is:

- I recommended this applicant without reservation.
- I have some reservations, but I believe the applicant has a reasonable chance for success.
- I do not recommend this applicant.

Reference Signature

Date

Please mail, fax, or email this form to:

Arbor Institute of Massage
6500 Papermill Drive, Suite 102
Knoxville, Tennessee 37919
Office: (865) 450-3330
Fax: (865) 588-0909
Email: admissions@AIM-Knoxville.com



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