

## Instructions for completing the Massage Therapist Application Packet

The fall 2019 application deadline is **June 14, 2019** for complete application and all related materials.

Applications will only be accepted after **Feb. 1, 2019**.

### Important

**Entry into the program is on a first come first served basis.** In order for an application to be considered it must be complete. See the Applicant checklist for the list of items that must be included to be considered complete.

Only application forms with a revision date of 1/18/2019 printed at the bottom of the page will be accepted.



## Whatcom Community College Massage Therapist Program Application for Selective Entry Application

### Applicant Checklist

Below is a checklist to help you ensure that all your massage therapist program application materials have been submitted. Please submit this completed checklist with the rest of your application and materials. **Submit your materials in one complete packet**, by the stated deadline, to provide best consideration of your application. It is your responsibility to ensure that all massage therapist program application materials are received.

The following has been submitted (if any of the below is missing, please explain why next to the item):

- WCC Application for Admission  
(If you are a current student at WCC you have already done this. If you attended previously, but are not currently a student at WCC, contact registration to reactivate your account.)
- Applicant Checklist (this form)
- Application for Selective Entry Admission – MT Program (including answers to questions on p. 2)
- Official transcripts from all previously attended colleges where you earned credits that may apply to the MT degree or certificate\* (WCC transcripts are not required.)
- Three (3) Experience Verification Forms
- Three (3) Student Recommendation Forms (professional references, not family or friends)
- Health Verification Form
- Washington State Patrol background check fee
- Massage therapist application fee

\*Please contact Entry & Advising at 360.383.3080 for assistance in determining how courses taken from previous colleges will transfer. General Education requirements **may** be fulfilled by a previously earned associate transfer or bachelor's degree. If you are requesting course substitutions, you must have approval for substitutions prior to the application deadline date for your prerequisite/Gen Ed requirements to be considered fulfilled.

Please have all transcripts and application materials sent to:

**Whatcom Community College  
Massage Therapist Program, HPEC 104  
237 West Kellogg Road  
Bellingham, WA 98226**

## Whatcom Community College Massage Therapist Program

### Application for Selective Entry Admission – Page 1 of 2

Thank you for applying to Whatcom Community College’s Massage Therapist Program. Please fill out the following application completely and legibly. Return with the required materials to:

**Whatcom Community College  
 Massage Therapist Program, HPEC 104  
 237 West Kellogg Road  
 Bellingham, WA 98226**

- I am applying for the program starting fall quarter 2019**

Deadline for consideration: **June 14, 2019** for complete application **and** all related materials.  
 Applications will only be accepted after Feb. 1, 2019.

#### Applicant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Email: \_\_\_\_\_

WCC student ID number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please list all previous experience (paid or volunteer) in massage profession.** Include massage courses taken or job shadow experiences completed.

Agency/Organization	City	State	Dates of service (Mo/Year)	Position held

This application has been completed to the best of my knowledge and **I hereby authorize WCC to perform a Washington State Patrol criminal background check**, maintain the record until I graduate or withdraw from the program and share the information as requested by clinical sites. For more information, please refer to the Legal Aspects of Enrollment and Employment section in the General Information of the current catalog.

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

Application for Selective Entry Admission – Page 2 of 2

Please answer the follow questions on a separate sheet of paper. Respond with a minimum of 75 and a maximum of 100 words for each question. Attach your answers to the application, being sure each answer is appropriately numbered. You may type or legibly hand write your answers.

1. How did you become interested in the field of massage therapy? Include information regarding prior work, education, or personal experience.
2. Why do you believe you would do well as a massage therapist; i.e., What gifts do you bring? What strengths do you have? How long have you been considering this profession?
3. Describe in your own words what it means to be a professional.
4. What are your long-range professional goals?
5. Is there anything about you that is not included in this application that you would like the admissions committee to know?
6. Students in this program spend an average of 35 hours per week in lecture, lab, internships/clinicals, homework and studying. Please describe in detail how you will ensure you have the time and energy available in your personal life to not only accommodate these requirements, but to be successful.
7. The reality of the limited openings for this program may mean that you are not accepted. In order to be prepared for that we strongly suggest students prepare an alternative plan of action to ensure a successful future. Please describe in detail what your alternate, or 'back up', plan might be.

## Student Recommendation Form

### Massage Therapist Program

Applicant name: \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 provides access to educational records and permits the applicant the right to review and inspect this evaluation, unless they choose to waive this right.

**APPLICANT:** Please read the following waiver and check the box indicating whether you “agree” or “do not agree” to the waiver.

“It is my understanding that waiving my right to review the reference from the individual below is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect this document once completed.”  I agree  I do not agree

Dear evaluator:

We respectfully request your evaluation of the applicant named above. Your evaluation will be used by the Whatcom Community College massage therapist program as part of the selection process for qualified applicants for the next massage class. There is a rating scale below for different qualities and a request to elaborate on some of these qualities. We are looking for applicants with the qualities necessary to succeed in a very demanding one-year program at WCC. It is also important that they have a good perspective on the profession they have chosen. **This applicant will not be considered for admission to the massage therapist program until this form is returned to WCC.**

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Please check the appropriate box that best describes the candidate. The scale is as follows:

**5=Outstanding 4=Above average 3=Average 2=Below average 1=Very poor N/A=Unknown**

Criteria	5	4	3	2	1	N/A
Ability to express thoughts in writing						
Ability to express thoughts verbally						
Character/Personality						
Conflict resolution						
Cooperativeness						
Enthusiasm						
Intellectual capacity						
Leadership/Initiative						
Originality						
Professional appearance						
Problem solving						
Professional interest						
Reliability						

Please select 6 of the categories from the rating graph and elaborate, with examples, as to why the applicant deserves this score. Please attach a separate sheet.

## Recommender information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please return to the applicant in a **sealed, letterhead** or **signed envelope**. Recommendations that are submitted by the applicant in any other condition (e.g. plain or unsealed envelope) will not be considered valid.

Or mail to:

**Whatcom Community College**  
**Massage Therapist Program, HPEC 104**  
**237 West Kellogg Road**  
**Bellingham, WA 98226**

Thank you for your cooperation and assistance.

**Student:** If you authorize WCC to contact this individual for additional information if necessary, please sign:

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

**Experience Verification Form**  
**Massage Therapist Program**

I, \_\_\_\_\_ (applicant name, printed), authorize this massage care provider to provide the requested verification:

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear massage care provider:

Thank you for taking the time to complete the following Experience Verification Form for this applicant to Whatcom Community College's massage therapist program. This form will be used as a part of the process in selecting qualified applicants for the next massage therapist cohort.

The applicant has completed the following experience under my supervision (select one):

- Received a professional massage
- Completed a job shadow experience including an informational interview
- Completed a massage course through community education at WCC
- Other, please state: \_\_\_\_\_

Date(s) of experience: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. box City State Zip

I certify that the above information is correct.

\_\_\_\_\_  
Printed name Title

\_\_\_\_\_  
Signature Date Phone

The Family Education Rights and Privacy Act provides access to educational records and permits the applicant the right to review and inspect this evaluation.

Please return to the applicant in a **sealed, letterhead** or **signed envelope**. Experience Verification Forms that are submitted by the applicant in any other condition (e.g., plain or unsealed envelope) will not be considered valid.

Or mail to:

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**Massage Therapist Program, HPEC 104**  
**237 West Kellogg Road**  
**Bellingham, WA 98226**

Thank you for your cooperation and assistance.

**Health Verification Form**  
**Massage Therapist Program**

I, \_\_\_\_\_ (applicant name, printed), authorize my health care provider to provide the requested certification:

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Health Care Provider:

Thank you for taking the time to complete the following Health Verification Form for this applicant to Whatcom Community College's massage therapist program. This form will be used as a part of the process in selecting qualified applicants for the next massage therapist cohort.

I have performed a thorough physical assessment of the applicant named above within the past six months. I understand that in order to work as a massage therapist, one requires a high level of physical, mental and emotional health including lifting/moving of equipment and assisting clients with movements as well as giving several one-hour massages in a day. It is my professional opinion that this candidate is able to successfully complete the massage therapist program and work in the field. Note: This does not preclude the applicant from requiring disability support services.

_____	_____	_____
Printed name	Title	
_____	_____	_____
Signature	Date	Phone

The Family Education Rights and Privacy Act provides access to educational records and permits the applicant the right to review and inspect this evaluation.

Please return to the applicant in a **sealed, letterhead** or **signed envelope**. A Health Verification Form that is submitted by the applicant in any other condition (e.g., plain or unsealed envelope) will not be considered valid.

Or mail to:

**Whatcom Community College**  
**Massage Therapist Program, HPEC 104**  
**237 West Kellogg Road**  
**Bellingham, WA 98226**

Thank you for your cooperation and assistance.