



**Instructions
for completing the WCC
Massage Practitioner Program Application Packet**

The application deadline for best consideration is **June 3rd, 2011**. Applications received after this date will be considered on a space available basis.

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 for the application to be considered complete.

Only application forms with a revision date of 02/10/11 printed at the bottom of the page will be accepted.

**Whatcom Community College Massage Practitioner Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION**

APPLICANT CHECKLIST

Below is a checklist to help you ensure that all your Massage Practitioner Program application materials have been submitted and prerequisites met. 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 Practitioner 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 WCC Registration Office to reactivate your account.)
- Applicant Checklist –MP program (this form)**
- Application for Selective Entry Admission – MP Program (2 pages)**
- Official Transcripts from all previously attended colleges where you earned credits that may apply to the MP degree or certificate* (WCC transcripts are not required.)**
- Three (3) Experience Verification Forms**
Go to WCC’s website at www.whatcom.ctc.edu/programs and select the MP link for details about what experience qualifies.
- Three (3) Student Recommendation Forms (Professional references only, not family or friends)**
- Washington background check fee**
(Purchase this at the WCC Cashier’s Office or call 360-383-3363 if out of the area.)
- Health verification form**
- Massage Practitioner Application Fee**

*Please contact Jackie Landsem or Dave Knapp at 360.383.3080 for assistance in determining how courses taken from previous colleges will transfer to WCC. 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
Office of Admissions, ATTN: MP Program Entry
237 West Kellogg Road
Bellingham, WA 98226**

**Whatcom Community College Massage Practitioner Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION – Page 1 of 2**

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

**Whatcom Community College
ATTN: MP Program Entry
LDC 102 237 W Kellogg Road
Bellingham, WA, 98226.**

I am applying for the program Fall Quarter 2011
(Deadline for best consideration: **June 03, 2011** for **complete** application **and** all related materials).
Late applications may be considered on a space available basis.

I am applying for the A.S. Degree **I am applying for the certificate**

Name		
Address		
City	State	ZIP
Phone		
()	()	
Day Time		Evening
Email		
WCC Student ID Number		
<u> 8 </u> - <u> 7 </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u>		

Please list all previous experience (*paid or volunteer*) in massage profession. Include massage courses taken or job shadow experiences completed. (Note: Students who do not have the required field experience should contact the Program Coordinator for guidance.)

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 WCC 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; ie...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?

STUDENT RECOMMENDATION FORM

Massage Practitioner Program

Whatcom Community College

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 above 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 Practitioner Program as part of the selection process for qualified applicants for the next massage certificate or degree program. 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 Practitioner 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

	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's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Name of organization: _____

Please return to the applicant in a **sealed, letterhead** 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
 Admissions: Massage Practitioner Program
 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: _____

STUDENT RECOMMENDATION FORM

Massage Practitioner Program

Whatcom Community College

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Enthusiasm						
Intellectual Capacity						
Leadership/Initiative						
Originality						
Professional Appearance						
Problem Solving						
Professional Interest						
Reliability						

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Signature: _____

Name of organization: _____

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	5	4	3	2	1	N/A
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Signature: _____

EXPERIENCE VERIFICATION FORM

Massage Practitioner Program

Whatcom Community College

I, _____ authorize this massage care provider to provide the requested verification:
Printed Name

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 Practitioner Program. This form will be used as a part of the process in selecting qualified applicants for the next Massage Practitioner class.

The applicant has completed the following experience under my supervision:

- ___ 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 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.

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 Admissions: Massage Practitioner Program
 237 West Kellogg Road
 Bellingham, WA 98226

Thank you for your cooperation and assistance.

EXPERIENCE VERIFICATION FORM

Massage Practitioner Program

Whatcom Community College

I, _____ authorize this massage care provider to provide the requested verification:
Printed Name

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 Practitioner Program. This form will be used as a part of the process in selecting qualified applicants for the next Massage Practitioner class.

The applicant has completed the following experience under my supervision:

- ___ 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 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

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Whatcom Community College

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The applicant has completed the following experience under my supervision:

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- ___ Completed a job shadow experience including an informational interview
- ___ Completed a massage course through community education at WCC
- ___ Other, please state: _____

Date 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

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 237 West Kellogg Road
 Bellingham, WA 98226

Thank you for your cooperation and assistance.

HEALTH VERIFICATION FORM

Massage Practitioner Program

Whatcom Community College

I, _____ authorize my health care provider to provide the requested certification:
Printed Name

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 Practitioner Program. This form will be used as a part of the process in selecting qualified applicants for the next Massage Practitioner class.

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 practitioner, 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 Practitioner 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** 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
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 237 West Kellogg Road
 Bellingham, WA 98226

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