



# 2017 Therapeutic Massage Program Application Procedures

Applications are received April 1<sup>st</sup> through June 1<sup>st</sup>. It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If the application packet does not include all information listed below at the time it is submitted, it will be rejected. You should retain copies of the application packet you submit. If you reapply to this or other programs in the future, information will not be released from previous application packets. The program destroys the submitted information immediately after the application process concludes.

To assure that your application receives full consideration, please carefully complete each of the steps below.

## **Submit to the WSCC Admissions Office:**

- WSCC Application for Enrollment, declaring Therapeutic Massage as your major.
- Official High School Transcript or equivalency certificate
- Official transcripts from all colleges previously attended, if applicable
- Documentation of Accuplacer reading test score of 79 or higher or (COMPASS Reading Examination score of 76 or higher or an ACT Reading score of 17 or above), taken within the last 3 years

## **Wallace State Community College Students (No transfer classes or not currently enrolled in classes to be transferred from another institution):**

1. Print and complete the MSG program application. Follow the directions carefully. Do not leave anything blank.
2. Print a student copy of your WSCC transcript. Attach to your MSG Program Application.
3. On the WSCC transcript circle your ACT Reading score of 17 or higher, taken within the last 3 years. If the ACT score does not appear on your transcript, attach a copy of your ACT score report to your MSG program application. If you have not taken the ACT, you must submit a copy of your Accuplacer reading test score of 79 or higher or COMPASS Reading Examination score of 76 or higher, taken within the last 3 years.
4. Attach a copy of your high school transcript or equivalency certificate to your MSG application.
5. Attach documentation of your massage experiences (using the form provided) to your MSG application. Documentation includes having received (2) full body massages, each from a different licensed massage therapist. One (1) of these may be completed in the WSCC Student Massage Clinic, under the supervision of our licensed massage therapist. Retain a copy for your records.
6. Attach a copy of your active/current AHA approved CPR certification for Healthcare Providers to your MSG application.
7. Submit your MSG program application packet to a program advisor or by mail. ALL information must be included for this packet to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax – it must be delivered in person or via mail. Applications delivered in person will be considered over those received by mail on the same date.

## **Transfer Students:** (One month prior to submitting your application)

1. Request official transcripts of all previous coursework from any institutions that you are NOT CURRENTLY attending to be sent to the WSCC Admissions Office.
2. Submit your WSCC application for enrollment to the Admissions Office, declaring Therapeutic Massage as your major.
3. Submit your high school transcript or equivalency certificate to the WSCC Admissions Office.

## **Immediately Prior to Submitting Your Application:**

4. Print and complete the MSG program application. Follow the directions carefully. Do not leave anything blank.
5. Print a student copy of your WSCC transcript. Attach to your MSG application.
6. Verify with the WSCC Office of Admissions that all transcripts have been received. If not, contact transfer institutions from which transcripts are missing.
7. If your ACT Reading score is shown on your transcript, circle the score, if taken within the last 3 years. If the ACT score does not appear on your transcript, attach a copy of your ACT score report (taken within the last 3 years) to your MSG application. If you have not taken the ACT or if the score is older than 3 years old, you must submit a copy of your Accuplacer reading test score of 79 or higher (or COMPASS Reading examination score of 76 or higher), taken within the last 3 years.
8. Attach documentation of your massage experiences (using the form provided) to your MSG application. Documentation includes having received (2) full body massages, each from a different licensed massage therapist. One (1) of these may be completed in the WSCC Student Massage Clinic under the supervision of our licensed massage therapist. Retain a copy for your records.
9. Attach a copy of your active/current AHA approved CPR certification for Healthcare Providers to your MSG application.
10. Before June 1<sup>st</sup>, submit your MSG program application to a program advisor or by mail. ALL information must be included for this packet to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax – it must be delivered in person or via mail. Applications delivered in person will be considered over those received by mail on the same date.

## **All Students:**

If you are seeking Financial Aid, you must complete all of the FAFSA Application process prior to the published financial aid deadline (usually June 1). If you are admitted to the MSG Program and you fail to meet this deadline, you will be unable to register for classes and access program resources. This will forfeit your place in the class, unless alternate payment arrangements are made.

Upon acceptance, all health science division students are required to have drug screenings and a background check. The Drug Testing Policy and Background Check Policy are available for viewing online at <http://www.wallacestate.edu/Programs/Health-Division/index>.

Program applications will be reviewed in the order in which they are received for completion of program admission requirements. All qualified applicants are admitted until the program is filled. Once the program is filled, remaining qualified applicants will be placed on a waiting list for admission if space becomes available. Applications delivered in person will be considered over those received by mail. Incomplete or ineligible applications will be returned to the applicant. Deficits may be corrected but a place in the program will not be held while the deficits are being corrected.

Wallace State Community College does not discriminate on the basis of race, color, sex, religion, national origin, disability, sexual orientation, or age.



# 2017 Therapeutic Massage Program Application

Applications will be accepted April 1<sup>st</sup> through June 1<sup>st</sup>.

Applications received after the deadline will be considered on a space-available basis.

**ALL REQUIRED PAPERWORK MUST BE ATTACHED.**

**(Retain copies of each item submitted. Information will not be released from submitted applications.)**

- Yes  No WSCC college application submitted to WSCC Admissions Office, declaring MSG as major.  
 A student re-entry application must be submitted to the Admissions Office for any student who has not attended WSCC within the last 2 semesters.
- Yes  No Official transcripts from all colleges previously attended submitted to WSCC Admissions.
- Yes  No Proof of high school graduation (transcript) or GED certificate submitted to WSCC Admissions.
- If seeking financial aid, submit FAFSA Application by June 1<sup>st</sup> deadline ([www.fafsa.gov](http://www.fafsa.gov)) – School Code 007871

Full Name:  Mr.  Ms.  Mrs. \_\_\_\_\_  
 \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden  
 \_\_\_\_\_ (circle the name by which you are called)

Mailing Address \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 City \_\_\_\_\_ WSCC Student No: \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please list all allied health or nursing programs to which you are applying, listed in order of preference for admission. If you are selected for admission to more than one of these, you will be admitted to the program most preferred. (If you are only applying to MSG, put MSG on line 1)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you previously completed a WSCC health care related program?  Yes  No Which program: \_\_\_\_\_

**The following MUST be attached or the application will not be considered for admission:**

- Documentation of having received two (2) full body massages, each from a different licensed massage therapist. One (1) may be completed in the WSCC Student Massage Clinic under the supervision of our licensed massage therapist.
- Copy of high school transcripts or equivalency certificate and student copies of transcripts from all colleges previously attended, if applicable.
- Copy of Accuplacer reading test score of 79 or higher or COMPASS Reading examination score of 76 or higher (or the equivalent ACT Reading score of 17), taken within the last 3 years.
- Copy of active/current AHA approved CPR certification for Healthcare Providers.

**Please initial each line below:**

- \_\_\_\_\_ I acknowledge that I have read and understand the Drug Testing Guidelines (Available online at <http://www.wallacestate.edu/Programs/Health-Division/index>)
- \_\_\_\_\_ I acknowledge that I have read and understand the Background Check Policy. (Available online at <http://www.wallacestate.edu/Programs/Health-Division/index>)
- \_\_\_\_\_ I certify that I will be at least 18 years of age on or before August of this year.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**This application expires June 2, 2017**

**Deliver or mail completed application to:**

Therapeutic Massage Program  
Attn: Babs Herfurth (#52)  
Wallace State Community College  
P. O. Box 2000, Hanceville, AL 35077-2000

**For official use only:**

Date Application Received: \_\_\_\_\_

Time: \_\_\_\_\_

Application Reviewer's Initials: \_\_\_\_\_

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