



WALLACE STATE HANCEVILLE

Therapeutic Massage Program Application Checklist

Prior to APPLICATION to the program, the following must be complete:

Submit to the Admissions Office

- WSCC application
- Official high school transcript or equivalency certificate
- Official transcripts from all colleges previously attended, if applicable
- Documentation of COMPASS Reading Examination score of 76 or higher (or the equivalent ACT Reading score), taken within the last 3 years.

Submit to Therapeutic Massage Program Director (*)

- Therapeutic Massage program application
(Go to Program Application)
- Documentation of having received two (2) full body massages, each from a different licensed massage therapist.
(Go to Verification of Therapeutic Massage Experiences Form)
- Copy of high school transcript or equivalency certificate
- Student copies of transcripts from all colleges previously attended, if applicable.
- Copy of COMPASS Reading Examination score of 76 or higher (or the equivalent ACT Reading score), taken within the last 3 years
- Copy of active/current AHA approved CPR certification for Healthcare Providers.

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at <http://www.wallacestate.edu/programs/health.html>.

***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 by the deadline date.

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.

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted, it will be rejected.

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.



WALLACE STATE HANCEVILLE

Therapeutic Massage Program Application

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Applications will be accepted beginning at 8:00 a.m. on June 15 through 10:00 a.m. on the last Friday in July.
Applications received after the deadline will be considered on a space available basis.

Year for which you are applying: Fall _____

Name: _____ Social Security No: _____
Last First Middle/Maiden

Street Address _____ City _____ State _____ Zip Code _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to Notify in an Emergency:

Name _____ Relationship _____ Phone _____

Please list all allied health or nursing programs to which you are applying, listed in the order you prefer for admission:

1. _____ 2. _____ 3. _____

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

1. Documentary of having received two (2) full body massages, each from a different licensed massage therapist..
2. Copy of high school transcript or equivalency certificate and student copies of transcripts from all colleges previously attended, if applicable.
3. Copy of COMPASS Reading Examination score of 76 or higher (or the equivalent ACT Reading score), taken within the last 3 years.
4. Copy of active/current AHA approved CPR certification for Healthcare Providers.

Please initial each line below.

_____ I acknowledge that I have read the Drug Testing Guidelines. (Available online at <http://www.wallacestate.edu/programs/health.html>)

_____ I acknowledge that I have read the Background Policy. (Available online at <http://www.wallacestate.edu/programs/health.html>)

_____ I certify that I will be at least 18 years of age on or before May 1st of next year.

Student Signature _____ Date _____

Completed program application packet may be mailed to:

Wallace State Community College
Therapeutic Massage Program Director
P.O. Box 2000
Hanceville, AL 35077-2000

It is the official policy of Wallace State Community College and the Therapeutic Massage Program that no person is discriminated against on the basis of race, color, religion, age, sex, national origin, handicap unrelated to program performance requirements, or Vietnam era or disabled veteran status. No person will be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in the administration of any educational program or activity, including admission to the College.



WALLACE STATE HANCEVILLE

Therapeutic Massage Verification of Therapeutic Massage Experiences

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Name _____ Social Security No: _____
Last First Middle/Maiden

The Therapeutic Massage Program requires that each applicant must receive two (2) full body therapeutic massages. Each massage should be from a different, unassociated licensed massage therapist.

Massage Experience #1

Clinic / Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

*My signature below certifies that the above named applicant received a full body massage under my care.
I understand that the WSCC Admission Committee may verify this document for authenticity.*

Signature License Number Date

Massage Experience #2

Clinic / Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

*My signature below certifies that the above named applicant received a full body massage under my care.
I understand that the WSCC Admission Committee may verify this document for authenticity.*

Signature License Number Date