

# Idaho School of Massage Therapy

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## **Admissions Policy**

All applicants are screened, interviewed and evaluated to assess ability to successfully complete the program in a way that is beneficial to both the student and school with emphasis on personal history (ability to pass a background check), health history (ability to pass a physical and safely give and receive massage/bodywork), professional demeanor and academic history (ability to complete program/course-work) without discrimination.

### **General Admission Requirements:**

1. Proof of high school diploma or GED. Have forwarded by mail or email. Also, Official transcripts from colleges or vocational schools previously attended, where applicable for credit transfer purposes.
2. Completed application, with recent 2x2 photo and payment of \$100.00 non-refundable application fee.
3. Ability to speak, read, write and understand the English language sufficiently to participate in classes and program taught only in English.
4. Two Letters of Recommendation. Mail or email from individuals, attesting to your potential as a massage therapist; (1 Personal, non-family member and 1 Professional: such as legal, health, financial, academic associations) which is to contain verifiable contact information.
5. Medical Clearance. Complete a medical physical health examination (by MD, DO, or PA) and pathogenic testing for communicable disease (such as Tuberculosis, Hepatitis and Human Papilloma Virus.) Physician shall review test results and forward to the school a medical clearance consisting of a dated and signed statement that applicant is/is not in good health, and physically able to safely give and receive massages.
6. Personal Interview with School Administrator in person and on campus. Applicant is screened for ability to successfully complete the program and thrive in this profession. Hand deliver or mail completed application form. All requests for a waiver of medical clearance shall be considered at this time where disability status and/or medical test findings are proven to have little or no bearing upon physical ability, health and public safety in the context of this training or profession.

### **Admission Process**

1. Obtain and complete application, including essay.
2. Complete medical exam and pathogenic testing within six months of Trimester start.
3. Official copies of high school diploma, GED, and/or college transcripts forwarded to the school.
4. Personal and professional reference letters of recommendation forwarded to the school.
5. Mail or hand-deliver completed application form, with picture attached and \$100.00 non-refundable application fee to the school campus.
6. Schedule and complete interview. (Bring completed application, if possible). Applicant interview shall emphasize professionalism, philosophic compatibility, personal background, needs analysis, and career expectations. Address financial obligations and medical or other concerns at this time.
7. Applicant is provided verbal and/or written Letter of Acceptance or Denial within 7 days of interview. Applicant attends student orientation, and signs Student Handbook Policies Acknowledgement page.

**Denial of Admission:** This institution reserves the right to deny admission to any person for the following reasons:

- the applicant does not meet the stated admission requirements;
- is unable to meet time requirements or financial obligations to the school;
- Inability to pass a background check;

### **Transfer students must complete the Admission process.**

Transfer of credit may be available for “substantially similar” course work and current working knowledge of subject matter. ISMT cannot guarantee full transfer of credit from nor to any other school. Applicants shall provide transcripts, a course syllabus for each course, and may be subject to a course-specific exam, and/or practical evaluation; a passing grade of 70% or better is satisfactory. Send inquiries regarding course credit transfer to Cynthia Mason, Director.

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## Use this Form or equivalent for Medical Clearance Purposes:

I attest that I, (print Dr.'s First and Last Name and credentials): \_\_\_\_\_, am Licensed by the state of Idaho, and have completed a medical physical health examination for the following Massage Program Applicant: (print applicant's first and last name) \_\_\_\_\_ on this day: (date) \_\_\_\_\_ that did include:

please initial all that apply

- \_\_\_\_\_ Physical examination for signs and symptoms of pathogens readily communicable through the normal course of giving and receiving massage (such as Tuberculosis, Hepatitis, Human Papilloma Virus).
- \_\_\_\_\_ Pathogenic testing for readily communicable disease
- \_\_\_\_\_ Review of recent pathogenic test results for readily communicable disease (within 6 months)
- \_\_\_\_\_ Consultation regarding overall health and physical ability to safely give and receive massage in a manner consistent with a massage training program.

Date \_\_\_\_\_

Physician's signature \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Physicians Contact information:

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Provide Name of Medical Facility

Address

City, State, Zip

Phone Number

Fax

Email