Admission and Non-Discrimination Policy

All applicants are screened, evaluated and interviewed prior to admission to assess ability to successfully complete the program in a way that is beneficial to both the student and in harmony with the school's stated mission. Emphasis is on personal history (ethics and ability to pass a background check), health history (ability to pass a physical, possessing compatible evidence-based approach to public health guidelines and ability to safely give and receive massage) and academic history (ability to complete and "pass" program/course-work). Consideration to course equivalencies for potential transfer of credit or course "Challenge" is to be addressed at Interview. ISMT does not discriminate on the basis of sex, race, color, religion, ethnicity, age or mental/physical disability in the administration of its policies.

School Mission: To promote and provide a consistent evidence-informed educational environment that facilitates the development of ethical massage therapy professionals who are well versed in both western and eastern models of manual medicine, and eligible for Idaho state occupational licensure.

General Admission Requires Supporting Documents:

- 1. Proof of High School Diploma/GED. Photocopies acceptable; Occupational Licensing will also require these. Have forwarded by mail or email to ismtclinic@gmail.com. Also, Official transcripts from colleges or vocational schools previously attended, where applicable for any credit transfer consideration.
- 2. US Mail or Hand-deliver complete Application w/Essay and recent 2x2 photo. New and returning Applicants must be on good standing with the school (no outstanding fees, fines, complaints, etc.) Payment of \$100.00 non-refundable Application Fee due within 7 business days post-Interview.
- 3. Two (2) Letters of Recommendation. Mailed or emailed to ismtclinic@gmail.com 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) each of which is to contain verifiable contact information.
- 4. Medical Clearance and Attestation. A complete medical wellness examination including standard blood panel (by MD, DO, LPN or PA). Provide Examiner with attached Medical Release Form. Examiner shall complete, initial and sign attestation statement. Applicant shall include dated, signed Medical Release Form (not test results) with application.

Process:

- In-Person Interview with School Administrator. Schedule and Appear for Interview with Cynthia Mason;
 Bring completed Application for review and allow 1 hour for assessments and interview. Applicant is to
 complete all aspects of application process, including medical clearance before trimester registration and
 orientation. A request for Medical Clearance waiver shall be considered at this time where disability
 status and/or medical test findings satisfy the Administrator's criteria, having little or no bearing upon
 physical ability, personal health and public safety in the context of this training or profession.
 - Applicant and Administrator shall address financial obligations, transportation, availability, medical, physical, philosophical and other concerns and needs at this time.
 - Applicant is provided verbal and/or written Letter of Acceptance or Denial at or within 7 days of interview.
 - Applicant attends Trimester A, B and C Registration and Orientation. To complete the program in a minimum of 10 months, applicant registers and begins at Trimester A.

Denial of Admission: This institution reserves the right to deny or revoke admission to any person for the following reasons, at any time, if the applicant

- does not meet the stated admission requirements and/or procedures;
- is unable to meet time requirements, personal and/or financial obligations to the school;
- is unable or unwilling to safely give and receive massages, or follow school infection and disease protocol;
- is unable to pass a background check; or ethically incompatible with stated school mission.

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Universal and Standard Precautions Protocol for infection and disease transmission is a required ongoing procedure expected of all students attending classes in this program. See Infection and Disease Protocol in Student Handbook.

"Transfers" 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 or bring supporting documents to your Interview. Applicant may attempt a one-time "Challenge" exam for a course which is deemed by the director after review of transcripts and course syllabus to be substantially similar; to prove a current working knowledge of the subject matter. A passing score on a Challenge exam of 70% minimum is sufficient to transfer credit for that subject to the applicant.

"Portfolio Review" and "A la Carte" classes must complete entire Admission process

Those seeking individual courses for personal education, "A la Carte" classes or for meeting the requirements of a "Portfolio Review" by the State Board of Occupational Licensing must complete the admission process in its entirety. Any course work involving hands on bodywork will require the applicant to obtain Student Insurance for their own personal liability coverage.

"A La Carte" classes are offered to those applicants who seek quality in-class experiences for educational purposes but not occupational licensing. If you are unwilling to complete all the requirements of an individual course, including writing assignments, practicum, case studies, and research, do not bother to apply.

Individuals seeking professional licensure, who fall a little short of the educational requirements in Idaho, may consider taking individual courses at ISMT for "Portfolio Review" by the Occupational board of Licensing. If you are unwilling to complete all the requirements of the individual courses including practicum, writing assignments, research and case studies, do not bother to apply. Bring any supporting documents, including transcripts and syllabi to your Interview for consideration.

Former or Returning ISMT or Three Oaks students who wish to take classes, but have been away from this program longer than 24 months (includes supervised student clinic, make-up class or Retake), must repeat the Admission process in its entirety. ISMT strongly recommends you not take longer than 5 years to complete the entire program as you will be retested for demonstration of technique skills and current working knowledge of body sciences. Also, provide proof of a current CPR / First Aid certification equal to or exceeding ISMT course hours prior to or upon program completion. Retaking of classes may be required by the Director, at additional cost.

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Use t	his Form for Medical Cle	arance Purposes:	
I attest that I, (Examiners Name and credentials), am duly Licensed by the State of Idaho, and have completed a Physical Examination, including Standard Blood Labs and Consultation for the Massage Program Applicant: (Patient name) on this day:(Date)			
on thi	's day:	(Date)	
The E	Exam and consultation did	include: (Initial anything applicable to today's Exam:)	
0		mmunicable Diseases	
0	 Examiner DID NOT recommend additional pathogenic testing based on applicants Physical Examination and Blood Labs. 		
0	 Examiner DID recommend additional pathogenic testing based on applicants Physical Examination, Consultation and Labs - (pathogens readily communicable through the normal course of giving and receiving massage including but not limited to Tuberculosis, Hepatitis, Human Papilloma Virus, Sars-Covid-2, Mers, etc.); 		
0		nt pathogenic test results for readily communicable disease ecommendations for management;	
l f re pa	adiness, is able to safely	plicant is in a state of general wellness and give and receive massages and is cleared to s consistent with a massage training program. I here)	
Examiner's signature		Date:	
Applicant's signature		Date:	
Name: Addres		ide Name of Medical Facility (or attach business card)	
Phone	Number	Email	

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