

# Idaho School of Massage Therapy

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## Admission Requirements, Policy and Non-Discrimination Practices

All applicants are screened, evaluated and interviewed prior to admission to assess whether and when reasonable accommodation can provide an applicant with an expectation of a satisfactory completion of the program and expectation of eligibility for State Vocational Licensing as follows:

- Ability to pass a State background check.
- Ability to provide Official proof of completion of secondary education or equivalent.
- Ability to satisfactorily meet ISMT program's academic, interpersonal, ethical, and vocational duties, expectations and responsibilities for entry-level licensed massage therapy.
- Ability to safely give and receive multiple therapeutic massages in a close contact setting consistent with the lawful Scope of Practice.
- Possession of or willingness to adopt a vocationally compatible evidence-based approach to public health, infection and disease prevention, universal precautions, protocol and guidelines.
- Ability to sit for independent Massage Board Licensing Exam offered only in English/Spanish.

Any consideration to course equivalencies for potential transfer of credit, "Testing-out" or course "Challenge" requires course transcripts at minimum and is to be addressed in writing on the Application and 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.

## The Admission Process Requires THESE Supporting Documents:

- 1. Proof of Education: High School Diploma/GED; College Transcripts and course syllabi for "Transfer" "Testing-out" or "Challenges" only.

Photocopies acceptable; Occupational Licensing will also require these. Have forwarded by mail or email to [ismtclinic@gmail.com](mailto:ismtclinic@gmail.com). Also, Official transcripts from colleges or vocational schools previously attended, where applicable for any credit transfer consideration. Some classes are not eligible for Testing-out.

- 2. US Mail or Hand-deliver complete Application w/Handwritten Essay and recent 2x2 photo.

New and returning Applicants must be on good standing with the school (no outstanding fees, fines, complaints, etc.) Non-refundable Application Fee due within 7 business days post-Interview.

- 3. Two (2) Letters of Recommendation. (list these in your application Personal vs Professional)

Mailed or emailed to [ismtclinic@gmail.com](mailto: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, co-workers) each of which is to contain verifiable contact information.

- 4. Medical Clearance and Attestation. (use enclosed form only)

A complete medical Wellness Examination/Physical including blood work (CBC, BMP, Lipid panel, Communicable disease/vaccine review) by MD, DO, LPN or PA. Provide Examiner with Medical Release Form page 4.) Examiner shall complete, initial and sign attestation statement. Applicant shall include dated, signed Medical Release Form (not test results) with application.

## Admission Process Requires:

- Schedule In-Person Interview with School Director. Contact ISMT directly, Schedule and Appear for Interview with Cynthia Mason; Bring completed Application, Supporting Documents and your questions for review and allow 1 hour for assessments and interview. 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, public safety or any basic expectation for this vocation in the context of this training.

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- Applicant, Director and/or Agent shall address Qualifications, Duties and Responsibilities and Basic expectations as well as 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 all Trimester A, B and C Registration and Orientations. To complete the program in a minimum of 10 months, applicant registers and begins at Trimester A (If not A, then C and 12 months)
- Applicant is to complete all aspects of application process, including letters of recommendation, Handbook signature page and medical clearance before trimester registration and orientation.

**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.

## **Test-outs, Challenges and Transfers: Applicants complete Admission process**

Transfer of course 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. Some courses, such as Business I/Ethics and Student Clinic are not eligible for Transfer or Test-out. Applicants seeking Credit Transfer shall provide a College transcript and a course syllabus for each course. And may be subject to a course-specific exam, and/or practical evaluation to Test-out; a passing grade of 70% or better is satisfactory to establish a current working knowledge. Applicants may request a one-time Test-out for courses such as Anatomy, Physiology or Pathology and show a record of comparable prior education, when Transcripts and syllabi establish a recently taken course is ” substantially similar” to our own. A passing score of 70% or better on a Challenge exam/practical is sufficient to transfer credit for that course onto your ISMT Transcript.

## **Portfolio Review and Individual classes: Applicants complete Admission process**

Those seeking individual courses for personal education, or to supplement an existing education for submission, via “Portfolio Review” to the Division of Professional Licensing will complete the admission process: Attend Orientation and Registration, and obtain Student Insurance for liability coverage. Bring any supporting documents, including transcripts and syllabi to your Interview for consideration. If you are unwilling to complete all course requirements, practicum, writing assignments, research and case studies, do not bother to apply.

## **Returning ISMT Students**

Former ISMT or Three Oaks students who wish to resume or re- take classes, but have been away from the program longer than 24 months will repeat the Admission process in its entirety, including insurance and Registration Fees. If you have been away from the program longer than 5 years expect to retake and retest at additional cost.

## **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 /student**

- does not meet the stated admission requirements and/or procedures;
- is unable to meet expectations, duties and requirements, interpersonal and/or financial obligations to the school and fellow students;
- is unable or unwilling to safely give and receive massages, or follow school infection and disease protocol;
- is unable to pass a background check; is ideologically or ethically incompatible with stated school mission;
- is unable or unwilling to adopt and apply standard scientific method and evidence-based decision making alongside intuitive and holistic viewpoint aligning with the scope of practice for this vocation.

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## **Fees**

Application Registration Fee: \$100. Non-refundable and due within 7 days on Interview.

Student Insurance Fee: \$120. ABMP Student Insurance, with MBLEX Exam Coach. Due at Orientation of student's initial Trimester.

Hydrotherapy Lab Fee: \$ 50. Student portion of Transportation and fuel to Hydrotherapy Lab/Hot spring

Books and Supplies: See Catalogue; Book and Supply List included for items required to purchase by student, at Textbook and supply resources of their choosing. Order all Books and Supplies in a timely manner, such that your materials arrive in time for Trimester start dates.

## **ISMT Qualifications**

- Must be 18 years of Age
- Must have proof of education: a High School Diploma or General Equivalency
- Must be able to write legibly, read and converse in English
- Ability to lift, press and pull up to 40 lbs with your hands
- Ability to pass a Criminal and Background Check
- Must have reliable transportation
- Must have ID (Driver's license is acceptable) and be a US Citizen
- Must have a reliable cell phone with ability to receive and send Text, emails, voice mails

**Duties and Responsibilities:** the program at ISMT is personally transformational; if you aren't doing uncomfortable and hard things, you're not giving your all. The three Trimester program is designed to work together, building a realistic expectation of what it means to be a Licensed Massage Therapist. The following apply to all Applicants, Students and Staff

## **Basic Personal Expectations;**

- Follow agreed schedules for classes, clinic, interviews, make-ups and appointments
- Return all calls/texts/emails
- Be on time, bring your supplies, books, assignments and be prepared for coursework
- Work with partners or recipients as assigned regardless of religion, race, sex or age.
- Communicate directly, clearly and patiently even when it is uncomfortable to do so
- Maintain student, staff & client dignity & confidentiality where health information or personal contact information is concerned

## **Basic Interpersonal Expectations;**

- Establish and maintain therapeutic and educational relationships
- Refrain from sexualizing touch, non-consensual touch and/or body shaming
- Respect boundaries, follow school rules, practice compassionate communication
- Communicate unusual occurrences, incidents, concerns directly and in a timely manner
- Follow Grievance protocol instead of personal attacks and/or avoidance tactics

## **Safety Duties and Responsibilities;**

- Daily maintenance; safe and clean environment pursuant to infection and disease control
- Safe use of tools: inspect equipment, proper usage and maintenance daily
- Practice good personal and energetic hygiene, manage, diet, health and sleep responsibly

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## Applicant Documentation and Medical Clearance Attestation:

***I attest that I, \_\_\_\_\_ (Examiners Name and credentials) , am duly Licensed by the State of Idaho, and have completed a Physical Examination, including review of Blood Labs and Wellness Consultation for the Massage Program Applicant: \_\_\_\_\_ (Patient name) on this day: \_\_\_\_\_ .(Date)***

*The Exam and consultation did include:* (Initial anything applicable to today's Exam)

- **Physical Examination with Blood Labs and Wellness Consultation** (Lipid panel, Blood cell count, Metabolic panel, with wellness consultation specifically for readiness for participation in a close proximity hands-on occupation: Massage Therapy)
- **Review of Known Allergies and management strategies**
- **Review of readily Communicable Diseases and transmissibility**
- **Review of Vaccination status and immunization history**
  
- Check here if Examiner **DID recommend** additional pathogenic testing based on applicants Physical Examination, Consultation, Blood panel and vaccination history - (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.);
  
- Check here if Examiner reviewed **recent** pathogenic test results for readily communicable disease (within 6 months) and made recommendations for management;

**And –**

***I further attest that the Applicant is in a state of general wellness and readiness, is able to safely give and receive massages and is cleared to participate fully in activities consistent with a massage training program. \_\_\_\_\_ . (Examiner initial here)***

Examiner's signature \_\_\_\_\_ Date: \_\_\_\_\_  
Examiner's Name \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Examiner's Contact Information:** (or attach business card)

Name of Facility: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_