

# 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/GED. 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.
2. Complete Application w/Essay and Interview. Include 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 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 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 Application and Essay with documents. All Applicants have equal rights to apply for entry in the program. The interview serves to raise the question of personal standing, ability to successfully complete the program and qualify for State Licensure. Hand deliver at or mail complete Application before scheduled interview (no online submission, email or fax.) A request 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.
  - 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.
  - Applicant is provided verbal and/or written Letter of Acceptance or Denial at or within 7 days of interview.
  - Applicant may begin the program at Trimester A, B or C. To complete the program in a minimum of 10 months, applicant 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:

- the applicant does not meet the stated admission requirements and/or satisfy the process;
- is unable to meet time requirements, personal and/or financial obligations to the school;
- Inability to safely give and receive massages in the courses of this instruction.
- Inability to pass a background check;

### Transfer 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. Returning students gone a year or more need to reapply.

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## Use this Form for Medical Clearance Purposes:

I attest that I, (Examiners Name and credentials): \_\_\_\_\_ am duly Licensed by the State of Idaho, and have completed a Physical Examination for the Massage Program Applicant: (Applicant's Name) \_\_\_\_\_ on this day: (Exam date) \_\_\_\_\_ that did include:

(Initial all that apply:)

- \_\_\_\_\_ Physical Examination with Blood Labs and Consultation for general wellness and readiness for participation in an occupation of Massage Therapy;
- \_\_\_\_\_ Examiner DID NOT recommend additional pathogenic testing based on applicants Physical Examination and Blood Labs.
- \_\_\_\_\_ Examiner DID recommend additional pathogenic testing based on applicants Physical Examination and Blood Labs - (pathogens readily communicable through the normal course of giving and receiving massage including but not limited to Tuberculosis, Hepatitis, Human Papilloma Virus, Mers, etc.);
  - \_\_\_\_\_ 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's signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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### Examiner's Contact Information:

Provide Name of Medical Facility (or attach business card)

Address

City, State, Zip

Phone Number

Fax

Email