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MASSAGE THERAPY CERTIFICATION PROGRAM 2018 APPLICATION FORM

Crystal Mountain Institute (CMI) encourages applications from potential students regardless of sex, gender, race, age, ethnicity, sexual orientation, religion, economic status, disability, national origin, or any other status protected by law.

Day Program (Full-Time) Hours: Monday through Friday from 9:00 AM to 1:00 PM

Start dates in January and August (tentative)

Evening Program (Part-Time) Hours: Monday, Wednesday, and Thursday from 6:00 PM to 10:00 PM

Start Date in March (tentative)

Both programs require some weekends and hours outside of normal class times.

ADMISSION REQUIREMENTS

To be considered for admission to CMI, an applicant must:

- Be a high school graduate or General Equivalency Diploma (GED) holder as evidenced by an official communication from either an educational institution or a state department of public education.
- Be a U. S. citizen, an alien lawfully admitted for permanent residence in the United States or a foreign national eligible for a student visa.
- Demonstrate an understanding of, and interest in, the selected program of study through an admissions interview and written responses to an admissions survey/personal statement. The applicant must also demonstrate maturity, self-awareness, integrity, good judgment and professionalism.
- Be in good health and physically able to carry out any techniques or procedures that are essential to the selected program of study and career.
- Meet any New Mexico requirements for Measles, Mumps and Rubella (MMR), and Meningococcal Meningitis immunizations.
- Provide a completed reference form if requested.

ADMISSION PROCEDURES

Individuals interested in pursuing admission to CMI will:

- Be interviewed and be provided with a tour of the campus by an admissions representative.
- Complete an Application for Admission and pay the required application fee.

- Complete written responses to an admissions survey/personal statement.
- Provide an acceptable proof of high school graduation, GED certificate or equivalent and proof of U.S. citizenship or lawful status.
- Apply for financial aid, if applicable.
- Attest to the completion of the MMR, meningitis and hepatitis B immunization requirements. The meningitis and hepatitis B requirements may be declined in writing.

APPLICATION FEE: \$50.00

TUITION DEPOSIT* (Not required for applicants using VA education benefits): **\$300.00.**

TRANSCRIPT REVIEW (Required for Applicants using VA education benefits)

ESSAY

Essay: Please attach a separate sheet of paper with an essay (handwritten or typed) addressing the following questions:

- Why do you want to attend our school?
- Assess your strengths and challenges as you see them.
- What are your goals/intentions for this education?

Note: You can send this application without a deposit, but a space in the class is not reserved for you until a minimum tuition deposit of \$300 plus a \$50 application fee is received by CMI.

*The Tuition Deposit is fully refundable if the Student withdraws from the program (in writing) at least 7 days before the first day of classes.

YES **NO** - **Have you completed a school tour?**

YES **NO** - **Have you completed a pre-program interview with the Director of the Massage Therapy Program?**

This application must be legible, either printed or typed. Please check only one category for which you are applying:

COMPLETE PROGRAM TRAINING

Requires completion of a minimum of 650 hours of massage therapy training as outlined by Part 4 of 16.7 NMAC at www.rld.state.nm.us/massage to include 150 hours of Clinical Practicum through the Crystal Mountain Massage Therapy Clinic.

Day Program (Full-Time)

Program Start Date: _____

Evening Program (Part-Time)

Program Start Date: _____

PARTIAL PROGRAM TRAINING

Requires completion of a transcript assessment and a specialized Training Agreement outlining purpose of partial training, what classes will be taken, and total cost.

APPLICANT INFORMATION

NAME - LAST		FIRST		MIDDLE INITIAL
MAILING ADDRESS - No. & Street/P. O. Box				
CITY		STATE		ZIP CODE
DATE OF BIRTH - -	CELL PHONE () -	PRIMARY PHONE () -	EMAIL:	
EMERGENCY CONTACT NAME AND PHONE NUMBER:				
Have you ever used a different name for school or employment? If Yes, what name(s)?				

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you received a professional massage before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you had any previous training or taken classes in massage therapy before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you comfortable interacting in a group setting and expressing your personal needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Some of our approaches are derivations of or directly related to Eastern/Holistic perspectives on health and disease. Will this pose any personal conflict for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Our massage therapy classes are co-ed. Are you comfortable giving and receiving massages from both men and women?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Please use the space below for any comments or explanations to the above questions.		

APPLICATION REVIEW:

The preliminary application review process averages approximately *two weeks from the time it is received by CMI*. You can contact CMI if, after that time period, you have still not heard a response to your application.

COMPLETE THE APPLICATION CORRECTLY:

CMI shall neither approve nor deny an application for the massage therapy program until it is received in proper form and contains the information as requested by this application.

ACCOMODATIONS: If you are an individual needing special accommodation for the massage therapy program please check here and indicate on a separate page the nature of your disability and the type(s) of accommodations you will need. CMI will provide any reasonable accommodation(s) necessary to ensure your full participation in the program.

DEMOGRAPHICS:**

The United States government requires CMI to annually report the demographics of our students.

Please check the box below that best represents your race/ethnicity.

- Hispanic White
- Non-Hispanic White
- Asian
- Black or African American
- Native American
- 2 or more races

** CMI is unqualified to determine the race of any individual. If the applicant elects not to identify his or her race, CMI will report the applicant as “2 or more races”.

NONDISCRIMINATION POLICY

The Organization shall not discriminate against applicants and students on the basis of race, color, national origin, gender, sexual orientation, age, disability or ethnic origin (hereafter referred to as “racial discrimination”) in carrying out its exempt purposes or in any of its operations.

APPLICANT ATTESTATION

I understand that medical history is relevant to this course of study. As an applicant, I understand and agree that if I am admitted to CMI, I will provide personal health information relevant to the program that will be shared with CMI’s instructors and other classmates in hands-on body work classes that I attend. I agree to provide this information truthfully and completely for my safety and for the safety of other classmates, instructors, and CMI. I further acknowledge receiving and reading CMI’s Massage Therapy Program Catalog (received either directly from CMI or downloaded from CMI’s website) and agree to comply with the rules and policies stated therein should I be accepted into the program. I also agree to comply with the rules, laws, and regulations that govern Massage Therapists as represented in NMAC 16.7.

Under penalties of perjury, I declare and affirm that the statements made in the forgoing application are true, complete, and correct. **I understand that any false or misleading information in or in connection with my application may be cause for denial or immediate expulsion.**

Applicant Signature

Date