



application for enrollment

Please check the location of the school you are applying to:

<input type="radio"/> Newington	75 Kitts Lane • Newington, Connecticut 06111	1-877-282-2268	www.ccmt.edu
<input type="radio"/> Groton	1154 Poquonnock Road • Groton, Connecticut 06340	1-877-295-2268	www.ccmt.edu
<input type="radio"/> Westport	25 Sylvan Road South • Westport, Connecticut 06880	1-877-292-2268	www.ccmt.edu

We appreciate you taking the time to fully complete this application for enrollment. If you are also applying for financial aid, please be aware that your Admissions file is not complete and will not be reviewed until *all* financial aid information has been received.

STUDENT INFORMATION

Legal Name _____

Maiden or Other Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Extension _____

Email Address _____ Fax _____

Is English your primary language? Yes No Sex Male Female U.S. Citizen Yes No

SS# _____ Date of Birth _____

Marital Status (optional) Single Married Partnered Separated Divorced Widowed

High School Credential Diploma GED Home School Other

Name of High School Attended _____

City _____ State _____ Zip _____

Graduation Date _____ Name Used While Attending _____

By signing below, I hereby authorize the institution named above to release my academic transcripts to CCMT.

Signature _____ Date _____

Note: If any of your personal information changes, please notify the Admissions Office immediately.



ADDITIONAL EDUCATION (Please list all schools beyond High School which you attended, even if you did not graduate.)

School Attended _____ Did you graduate? Yes No

Dates Attended _____ Degree/Certificate Received _____

School Attended _____ Did you graduate? Yes No

Dates Attended _____ Degree/Certificate Received _____

School Attended _____ Did you graduate? Yes No

Dates Attended _____ Degree/Certificate Received _____

EMERGENCY CONTACT

Name _____ Relationship _____

Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

PROGRAM FOR WHICH YOU ARE APPLYING

Newington

Massage Therapy

Full-Time Massage Therapy

Independent Course

(Please Specify Course)

Groton

Massage Therapy

Spa Massage Therapy

Independent Course

(Please Specify Course)

Westport

Massage Therapy

Clinical Massage Therapy

Independent Course

(Please Specify Course)

TERM FOR WHICH YOU ARE APPLYING

January May September

SCHEDULE FOR WHICH YOU ARE APPLYING

Morning Afternoon Evening Full Days

Evening/Full Weekday Morning/Full Weekday Evening/Weekend Day

*Note: Not all schedules are available for all programs.



TRANSFER CREDIT

Are you requesting transfer credit for previous academic work? Yes No

If yes, please indicate which course(s) _____

EDUCATIONAL AND PROFESSIONAL MASSAGE EXPERIENCE

Yes No Do you anticipate any difficulties in safely giving and receiving massage?

Yes No Do you have any condition which would reasonably prevent you from using the skills gained from training for successful work performance after completion of the program?

Yes No Will you require any special teaching or instructional assistance in completing this program?

If "Yes" to any of the above, please explain _____

Yes No Have you ever received a professional full-body massage?

TO BE COMPLETED BY ADMISSIONS REPRESENTATIVE IF ABOVE ANSWER IS NO

Discovery Workshop Attended LMT Massage Received Clinic Massage Received

Graduate Massage Received No Massage Received

Admissions Representative Initials _____



STATE AND LOCAL REGULATIONS

A growing number of states require an individual to have a license issued by that particular state to practice massage therapy. States often require that a variety of criteria be met before a license will be issued, including, but not limited to, graduating from an accredited or approved school and passing a licensing exam. Some states may disqualify someone, on a case-by-case basis, for committing certain types of offenses.

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No

If the answer to this question is yes, please describe below. You are not required to disclose any convictions for which the records have been erased under sections 46b-146, 54-760 or 54-142a of the general statutes, which are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, or a conviction for which the person received an absolute pardon.

If you have concerns regarding any aspects of your personal or professional history which might influence your ability to meet licensure qualifications, please contact the appropriate state government agency to resolve them. Some examples of potential issues are conviction for criminal acts; a revoked, suspended, or restricted license; withdrawal or dismissal from another school; grievances or complaints against you by a disciplinary body or licensing board, etc. At the time of interview, you were provided with a list of state agencies regulating massage therapy in the United States.

Municipalities may also regulate the practice of massage therapy with local ordinances. We encourage all applicants for admission to research existing regulations in their geographic locale.

As with many professions, even after meeting licensure qualifications certain aspects of your personal or professional history may provide barriers to employment as a massage therapist. Please speak with an admissions representative if you have any concerns.

If you are an applicant with educational credentials from a foreign country, please be advised that some licensing boards may require that you have, at a minimum:

A) A formal translation and assessment of your documents to show that your education is equivalent to a U.S. high school diploma,

OR

B) A general equivalency diploma (GED).

Note: If you require assistance in locating a resource to translate and assess education documents, please speak with your Admissions Representative.



FINANCIAL INFORMATION

Are you applying for federal aid? (Pell Grant, Stafford Loan, Parent PLUS Loan) Yes No

Are you eligible for Veteran's benefits? Yes No

Do you anticipate receiving other funding? (BRS, WIA, alternative loan, etc.) Yes No

The Total Program Cost (tuition, books and supplies, table) is due and payable at the start of the program. However, CCMT allows students to finance their Total Program Cost by making payments at the start of each term (subject to a 10% finance charge.) If a balance remains after your financial aid is calculated, or if you will not be receiving any aid, how many personal payments would you like to choose for your payment plan? (Circle "1" if you intend to pay your balance up front in one payment and therefore will not need a payment plan.)

Program	Per Term Payments					Monthly Payments (Full Time Program Only)
	Number of Payments (Please Circle)					
Massage Therapy	1	2	3	4	5	
Spa Massage Therapy	1	2	3	4	5	
Clinical Massage Therapy	1	2	3	4	5	6
Full Time Massage Therapy	1	2	3			12 (Monthly)

CCMT students are required to own a table in order to work effectively outside of class and for use in their practice.

- I currently own a massage table and will be able to practice and keep up with my classmates.
- I will receive my table through CCMT as part of my Total Program Cost. I understand that I will order my table model and color at New Student Orientation.

YOUR SIGNATURE

My signature below indicates my understanding of the following:

I have read the above information and the regulation information I received during the admissions process, and I understand it is my responsibility to determine whether or not a diploma issued by CCMT, in conjunction with other personal data (as described above), will qualify me for eligibility to sit for any examination or otherwise satisfy any state or local ordinance requirements for professional practice in my preferred locale. I have received and read the Tuition Payment Options and Payment Plan Disclosures. The Admissions Committee will review my application taking into account all the information I have provided. I agree to inform CCMT of all pertinent information related to situations that arise in connection with my application. I understand that CCMT's criteria for final enrollment will include program, faculty and space availability. CCMT reserves the right to contact me, and to verify any and all information in this application and my other admissions materials, and therefore, I understand and agree that my failure to provide accurate, true and complete information shall constitute grounds for rejection or denial of my application. The information I have provided is accurate, true and complete to the best of my knowledge.

Signature _____ Date _____



REFERRAL PROGRAM

Who do you know that would like to learn more about a career in massage therapy?

Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

APPLICATION FEE

\$25.00 Application Fee paid by:

Cash Check (Payable To CCMT) Mastercard Visa Discover

If you wish to pay your Application Fee via credit card over the telephone, please call 860-667-1886 and ask for Joanne Champagne, CCMT's Accounting Manager.

TO BE COMPLETED BY ADMISSIONS REPRESENTATIVE

Receipt, Check Or Approval Code # _____ Date Received _____ Admissions Rep _____