



# application for enrollment

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

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

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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 paying at the start of each term. How many personal payments would you like to choose?

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)

I will make a choice, if needed, after my financial aid eligibility is determined.

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. 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 \_\_\_\_\_