



M.T. Wellness - Medical Model Massage Institute

OFFICE OF ADMISSIONS

1151 Bethel Rd, Suite 303

Columbus, OH 43220-2775

www.MTWellnessClinic.com

Email: Info@MTWellnessClinic.com

Phone: 614-273-0810

Fax: 614-273-0173

Welcome to the M.T. Wellness - Medical Model Massage Institute application process! Congratulations on embarking on your professional and financial path to success! Scheduling priority will be given in the order in which applications are completed.

Application Checklist / Date Completed _____

Complete and send the following documents to M.T. Wellness - Medical Model Massage Institute:

- ✓ Complete **Application for Admission** / _____
- ✓ Authorize Reference Verification on Application form / _____
- ✓ Attach Current Resume / _____
- ✓ Attach an admissions essay on the topic "Why I want to become a Licensed Massage Therapist" and also discuss why you chose the Medical Model Massage Institute / _____
- ✓ Send a non-refundable, non-transferable application fee payment of \$100 / _____

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- ✓ Complete **State Medical Board of Ohio-Massage Therapy Application for Preliminary Education Certification** / _____
 - ✓ Include a check for \$35 made payable to Ohio Treasurer Richard Cordray / _____

Complete the **Request for School Transcripts** form. Have official transcripts sent directly to M.T. Wellness - Medical Model Massage Institute from:

- ✓ High School/GED / _____ and
- ✓ Post Secondary School / _____

Complete **Part A** of the **Recommendation Form** and send with an addressed (to M.T. Wellness - Medical Model Massage Institute), stamped envelope to:

- ✓ An academic (school) reference / _____ and
- ✓ An employment reference (employer or fellow employee) / _____

Asking them to complete **Part B** and mail directly to the M.T. Wellness - Medical Model Massage Institute, in the envelope you provided, as soon as possible.

✓ Get a physical (an ATB Test is required for Admissions) and have the **Physical Health Examination Form** completed by your physician (MD or DO) and sent to M.T. Wellness - Medical Model Massage Institute / _____

✓ Request, from a vendor that participates in “National WebCheck (NWC)” that criminal records check results from both BCII and FBI be sent directly to M.T. Wellness – Medical Model Massage Institute (See informational sheet attached) / _____

✓ Proof of current Professional Liability Insurance (This insurance that covers students while engaged in curriculum-related activities), with coverage amount no less than \$1,000,000.00 (one million dollars) / _____

✓ Visit the M.T. Wellness – Medical Model Massage Institute / _____

✓ Interview with the Director / _____

M.T. Wellness Clinic does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, political affiliation belief or disability with regard to admission, access, treatment or employment.

Please mail completed Application, application fee and all supplementary documents to the address above as soon as possible to receive priority in scheduling. Feel free to call with questions. Thank you!



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1151 Bethel Rd, Suite 303 - Columbus, OH 43220-2775

Fax: 614-273-0173

Application for Admission

Phone: 614-273-0810

Date of application: ___/___/___ Social Security Number: ___/___/___

Last Name: _____ First Name: _____ Middle: _____

Maiden Name/Other Name(s) Used: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Current Address (if different from above): _____

Home Phone: (___)-___-___ Work: (___)-___-___ Mobile: (___)-___-___

Date of Birth: ___/___/___ Sex: ___F ___M OH preliminary education number: _____

Country of Citizenship: _____ Marital Status (optional): _____

Please attach copy of current Resume and Admissions Essay.

In case of Emergency, please contact:

Relationship to self: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: (___) - ___ - ___ Phone Eve: (___) - ___ - ___

Education: Circle highest year completed in each: High School 1 2 3 4 GED College 1 2 3 4 5 6 7 8

High School

Name & Location	From	To	Diploma	GPA	Extracurricular Activities

College, Graduate School, Massage Therapy School, Vocational or Professional Training

Name & Location	From	To	Degree	Major	Extracurricular Activities/Other

I authorize all schools, credit bureaus and law enforcement agencies to supply information concerning my background. I understand that I have the right to request disclosure of the nature, scope, and results of such an inquiry. I hereby attest that all information provided in this application is true and accurate. I understand that if any statement herein is not true, enrollment may be denied.

Signature _____ Printed Name of Applicant _____

Date ___/___/___

How did you hear about the M.T. Wellness - Medical Model Massage Institute?

___ Newspaper ___ Internet ___ Other



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Request for School Transcripts

Complete this form and mail it, with appropriate fee, to your School(s).

Name of Applicant (print) _____

SSN _____ - _____ - _____

Name on Transcript (print) _____

Date of Birth ____/____/____ Phone (____) - _____ - _____

Home Address _____

School _____

School Address _____

School Phone number _____

I authorize the above named school to release the documents requested to the M.T. Wellness - Medical Model Massage Institute.

Signature of Applicant

_____/_____/_____
Date

Instructions to School:

Upon receipt of this form, please forward this form and a copy of the **official transcript** of the applicant to:

**M.T. Wellness - Medical Model Massage Institute
1151 Bethel Road, Suite 303
Columbus, Oh 43220-2775**

The transcript must show:

- Total credit hours earned & Cumulative Grade Point Average (GPA)
- Applicant's date of birth
- Embossed school seal and/or the hand written signature of a school official and his/her title

Please check to ensure that the above information is included on the transcript. If the transcript is not acceptable, a new one will be requested. Please call with any questions. Thank you.



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Fax: 614-273-0173

Recommendation Form

Phone: 614-273-0810

Part A - To the applicant: Please complete Part A and give this form to your reference.

Applicant Name (print) _____ Date ____/____/____

Home Address _____

Phone: Home- (____) - ____ - ____ Work- (____) - ____ - ____

Part B - To the referring party: This person has applied to the M.T. Wellness - Medical Model Massage Institute for admission into a Massage Therapy Licensure Program. The program is rigorous and will require dedication and commitment.

Please complete the following regarding the applicant. If needed, feel free to use additional pages. Please return in enclosed envelope or fax to: 614-273-0173. This information will be kept confidential. Thank you for your time to assist us in the evaluation of the applicant.

1. Capacity in which you have know the applicant:

2. Length of time you have known the applicant:

3. Ability to relate to others in a mature manner:

4. Integrity in relationships with others:

5. Extent of your knowledge of applicant's ethical behavior:
Ethical Behavior:

6. Capacity to complete tasks:

7. Explain why you would or would not recommend acceptance of the applicant:

8. For Academic Reference: Extent of your knowledge of applicant's academic abilities:
Perceived academic abilities of applicant:
- Ability to generalize and apply academic knowledge
- Ability to assume responsibility for learning

Reference Name (print): _____ Phone: (____) - ____ - ____

Reference Signature: _____ Date: _____



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Physical Health Examination Form

(Valid for one year from examination date)

Applicant's Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Applicant's Signature to Authorize Information Release

Dear Physician,

The above applicant has applied to the M.T. Wellness - Medical Model Massage Institute for admission into a Massage Therapy Licensure Program. The Intern practitioner is required to touch other Interns and the general public. During the course of professional training, the Intern will give and receive massage daily. For this reason, the following health clearance is important to the school for both the Intern's well being, as well as the safety of the general public.

Please certify that you have examined the above named applicant and indicate whether or not he/she suffers from any infectious or communicable disease or has any additional mental or physical health conditions, which would prevent him/her from undertaking a rigorous course of study, and can safely perform as an Intern of massage therapy.

I certify that I have examined the above named applicant and have determined he/she is:

___ cleared for participation in the above activities

___ not be able to participate for the following reason(s):

___ The above applicant has had an ATB Test. (Required for Admissions)

Physician's Signature

Printed Name

Address

Phone (____)- ____- _____ Fax (____)- ____- _____

Date ____/____/____

Please return immediately via mail to:

M.T. Wellness Training Center
1151 Bethel Road, Suite 303
Columbus, OH 43220-2775
Phone: 614-273-0810



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Criminal Records Check Required for Admissions

M.T. Wellness – Medical Model Massage Institute requires the same criminal records check that the State Medical Board of Ohio will require for initial Licensure.

Applicants are required to submit a criminal records check completed by both the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI). Applications MUST use the services of a vendor that participates in the “National WebCheck”. The Sheriff’s offices in all 88 Ohio counties participate in the “National WebCheck”. A list of all vendors, searchable by county, is available online at:

<http://www.ag.state.oh.us/business/fingerprint/data/index.asp>

For Example:

A Fastfingerprints Company
1486 Bethel Road
Columbus, OH 43220
Phone 1-877-932-2435

Monday-Friday 8-5
Saturday 9-12

Ohio BCI & FBI cost \$85

Ascertain Screening and Investigation, LLC
170 Mill Street, Suite 200
Gahanna, OH 43230
Phone 1-800-858-2901

Monday-Friday 9-11:30a and 1:30-4p
Or by appointment

Combined BCI/FBI cost \$72

Steps for “National WebCheck”

- ✓ Identify a vendor that participates in the “National WebCheck (NWC)
- ✓ Submit your fee directly to the vendor
- ✓ Request that the criminal records check results from both BCII and FBI be sent directly to:

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