



Massage Therapy Diploma Program Application Form

| PERSONAL DATA – Please complete all of the spaces below. If not applicable to you, indicate “N/A”. Do not leave blank. | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------|---------|
| Family (Last) Name | | Given/First Name (legal) | | Middle Name | |
| | | | | | |
| Previous /Maiden Name (if applicable) | | | Email Address | | |
| | | | | | |
| Apt/Suite | Permanent Street Address | City | State/Province | Postal Code/Zip | Country |
| | | | | | |
| Telephone – Mobile | | Telephone – Home | | Telephone – Business | |
| | | | | | |
| Birth Date | | Gender | | First Language (must complete) | |
| mm____/dd____/yy_____ | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other | |
| Residency Status | | | Date of Entry into Canada (if applicable) | | |
| <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Study Visa <input type="checkbox"/> Other Visa | | | (year) _____ (month) _____ | | |

| EDUCATIONAL INFORMATION – Please complete all of the spaces below. If not applicable to you, indicate “N/A”. | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|-------------------------------------------------------------------------------------------|
| As part of your application package, include official transcript showing you have received an Ontario Secondary School Diploma (OSSD). Documentation from other Canadian Provinces or the United States or a General Education Development certificate granted by a Canadian province or from the United States are also acceptable. If your secondary or post secondary studies were outside of Canada/United States, contact Admissions for requirements. | | | |
| Secondary Institution Name (most recent) | | Last Grade Completed | Have you received an Ontario Secondary School Diploma (OSSD) or equivalent ¹ ? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Post Secondary Institution #1 (most recent) | | City | # of semesters in program |
| | | | # of semesters completed |
| Name of Program | | Province/State/Country | Degree, Diploma or Certificate Received |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Post Secondary Institution #2 | | City | # of semesters in program |
| | | | # of semesters completed |
| Name of Program | | Province/State/Country | Degree, Diploma or Certificate Received |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Related Education History | | | |
| Have you received a post-secondary credit in Health Sciences or Humanities? | | | |
| <input type="checkbox"/> No – <i>It is highly recommended that you complete the Medical Terminology & Body Systems online course.</i> | | | |
| <input type="checkbox"/> Yes | | | |



Have you taken a course for massage that is a minimum of 14 hours in length?

- No – You must complete the Introduction to Massage [registration form](#) along with your Application Package and provide payment information on the back.
- Yes – You may be exempt from this prerequisite. You must complete the [Prior Learning Assessment Application](#) and supporting documents for consideration.

Do you have post secondary education that is similar to education taught at CCMH such as health sciences, research, current CPR/First Aid certificate Level C or higher, or Accessibility for Ontarians with Disabilities training?

- No
- Yes - Complete and submit the [Prior Learning Assessment Application](#) and supporting documents for consideration.

Do you want to self-identify as being a student with a permanent or learning disability that will require academic accommodations for your studies?

- No
- Yes - Complete and submit the [Special Accommodations Request Form](#).

ENROLMENT INTENTIONS

| Which CCMH Campus are you applying to: | Which start date are you applying for: | How will you be funding your tuition? |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cambridge <input type="checkbox"/> Toronto <input type="checkbox"/> Halifax | <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | <input type="checkbox"/> student loan <input type="checkbox"/> self funded <input type="checkbox"/> other |

WHAT INFLUENCED YOU TO APPLY TO CCMH:

| | | |
|---------------------------------------------------------------------------|-------|---------------------------------------------------------|
| <input type="checkbox"/> CCMH Student/Alumni (please indicate name) | _____ | <input type="checkbox"/> Subway/Bus/Radio Advertisement |
| <input type="checkbox"/> Other Advertisement/person (indicate ad/name) | _____ | <input type="checkbox"/> CCMH Information Session |

APPLICANT ACKNOWLEDGEMENT:

Your personal information is collected for the purpose of processing your Application for Admission. If you have any questions on this collection, please contact Admissions.

I acknowledge I have read and understand the Admissions Policies and Procedures.

Signature: _____ Date: _____



DECLARATION STATEMENT:

In submitting this application, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein, or in related documents, may be denied admission to CCMH and if it occurs or is discovered after admission, may be expelled from CCMH.

Further, in submitting this application, I agree to be governed by the policies, rules and regulations as set forth by CCMH.

Signature: _____ Date: _____

PAYMENT

Indicate the fees that you will be paying:

- \$200.00 Registration Fee (non-refundable) \$200.00 Introduction to Massage course

Indicate payment method and applicable information:

- Visa or Mastercard (please fill out below only if mailing form) Cash or Debit (in person only) Money Order or Cheque

Card Number:

Expiry Date:

Verification Code #:

Name as it appears on card:

Cardholder Signature

X _____

We thank you for your interest in the CCMH Massage Therapy diploma program. We look forward to reviewing your application package!



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