



Okanagan Valley College of Massage Therapy Ltd.
200, 3400 – 30 Avenue, Vernon BC V1T 2E2

For Office Use Only
Date Rec'd: _____
App Fee Rec'd: _____
Interview: _____

TRANSFER APPLICATION FORM

Please tell us about yourself:

Surname:	First Name:	Middle Name:
Full Mailing Address (including postal code)	Day Telephone (include area code)	Email Address:

I am applying to transfer to the program leading to a:

Two Year Massage Therapy Diploma <input type="checkbox"/>	Graduates of OVCMT are eligible for BHSc credit at TRU/Open Learning
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Educational Information:

Previously attended schools must send transcripts directly to OVCMT, Attention: Admissions

High School Attended: _____

City and Province: _____ Grade 12 Diploma Achieved in _____ (year)

Post Secondary Education: _____

Degree, Diploma or Certificate earned: _____ Year _____

Please tell us how you heard about OVCMT:

Checklist

<input type="checkbox"/> Completed and signed application form	<input type="checkbox"/> Employment resume
<input type="checkbox"/> Original & Certified high school and massage college transcripts (must be forwarded directly to the college).	<input type="checkbox"/> Application fee of \$200.00 (non-refundable)
<input type="checkbox"/> Copies of educational degrees, diplomas, certificates etc.	<input type="checkbox"/> Three reference letters (please see the following page for requirements).
<input type="checkbox"/> <u>Student Budget Worksheet</u> (completed in full)	<input type="checkbox"/> <u>Health Assessment Form</u> signed by both you and your physician.
<input type="checkbox"/> Criminal Records Check (see the following page for requirements)	<input type="checkbox"/> Standard First Aid with CPR-C and AED

Your signature below indicates that the information on this application form along with the required documentation is true and accurate to the best of your knowledge.

Signature

Date: _____



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Reference Letter Requirements

Three current non-family reference letters from people who have know you for at least five years. These letters should be mailed directly to OVCMT and addressed to Admissions. We request that at least one of these letters come from a colleague or employer. Please ask your referees to provide their contact information for checking references.

Criminal Records Check

Official documentation of a criminal record check is required before final acceptance into the program. Information can be found at <http://www.pssg.gov.bc.ca/criminal-records-review/apply/index.htm>.

Other Important Information

If you are applying to begin the program, please use the [Application Form](#). This transfer application form is intended for those applicants wishing to transfer their previous massage education to OVCMT.

Prospective students are advised to submit this application as soon as possible. Classes are limited in size. Applications will be accepted only until the class is full.

Your completed application and original documents should be mailed to:

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Vernon BC V1T 2E2

If you have any questions or require any further assistance, please call:

(250) 558-3718 or 1-800-701-8863