

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

(for students applying via CMTBC)

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

Please tell us about yourself:				
Surname:	First Name:		Middle Name:	
Full Mailing Address (including postal code)	Day Telephone (inclu	ude area code)	Email Address:	
Please describe the upgrading you rec	quire:			
Educational Information:				
Post Secondary Education:				
Degree, Diploma or Certificate earned:YearYear				
Please tell us how you heard about OV	CMT:			
Checklist				
☐ Completed and signed application form		☐ Employment res	ume	
☐ Copy of Credentialing letter from CMTBC			of \$200 (non-refundable)	
☐ Copies of educational degrees, diplomas, ce	rtificates etc.	☐ Three reference letters (please see the following page for requirements).		
☐ <u>Student Budget Worksheet</u> (completed in full)		☐ <u>Health Assessme</u>	ent Form signed by both you and your physician.	
☐ Criminal Records Check (see the following p	age for requirements)		id with CPR-C and AED	
	ploma from OVCMT	. My signature be	(registration) examinations with CMTBC. I low indicates that the information on this to the best of my knowledge.	
		Date:		
Signature			<del></del>	



## **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. Information can be found at http://www.pssq.gov.bc.ca/criminal-records-review/apply/index.htm.

## **Other Important Information**

If you are applying to begin the program, please use the <u>Application Form</u>. 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:

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

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

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