



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: _____
W/S Date: _____

APPLICATION FORM

Please tell us about yourself:

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

I am applying for the program leading to a:

I would like to start in:

Year 1 Spa Certificate <input type="checkbox"/>	January 20 _____ September 20 _____
Two Year Massage Therapy Diploma <input type="checkbox"/>	
Three Year Massage Therapy Diploma <input type="checkbox"/>	

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"/> Application Essay (please see the following page for requirements).
<input type="checkbox"/> Employment resume	<input type="checkbox"/> Application fee of \$125.00 (non-refundable)
<input type="checkbox"/> Original and Certified High School Transcripts (must be forwarded directly to the college).	<input type="checkbox"/> Three reference letters (please see the following page for requirements).
<input type="checkbox"/> Copies of educational degrees, diplomas, certificates etc.	<input type="checkbox"/> Health Assessment Form signed by both you and your physician.
<input type="checkbox"/> Student Budget Worksheet (completed in full)	<input type="checkbox"/> Criminal Records Check (please see the following page for requirements)

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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Application Essay Requirements

Please write a brief but concise essay answering the following questions:

- Why do you want to become a Massage Therapist?
- What are your expectations of yourself as a full-time student?
- What are your expectations of this Massage Therapy program?
- What do you personally have to offer this profession?
- What has been your experience with Massage Therapy?
- What role do you think Massage Therapy should play in the allied health field?
- Describe and discuss three different types of Massage Therapy practices.
- What are the best aspects of the Massage Therapy Practices you have visited?
- What are your professional plans upon graduation?

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. For students applying directly out of high school or college, we request at least one letter be from a teacher or school administrator. 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 www.rcmp-grc.gc.ca/cr-cj/fing-empr-eng.htm.

Other Important Information

If you are applying to transfer from another program or are upgrading, please use the [Transfer Application Form](#).

You are required to complete an [Introductory Workshop](#), personal interview, and all academic prerequisites before final acceptance may be granted. If you are in the process of completing the prerequisites, and they will be completed prior to your start date, you are welcome to apply. It is possible to receive an acceptance conditional upon completion of the prerequisites.

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