



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)	Evening Telephone (include area code)

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

Two Year Massage Therapy Diploma <input type="checkbox"/>	Three Year Massage Therapy Diploma <input type="checkbox"/>
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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 \$125.00 (non-refundable)
<input type="checkbox"/> Copies of educational degrees, diplomas, certificates etc.	<input type="checkbox"/> Three reference letters (please see page 2 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 (please see the page 2 for requirements)	<input type="checkbox"/> Copy of 1 <sup>st</sup> Aid Certification (please see pg. 2 for requirements)
<input type="checkbox"/> Documentation of Practicum Hours	

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 [www.rcmp-grc.gc.ca/cr-cj/fing-empr-eng.htm](http://www.rcmp-grc.gc.ca/cr-cj/fing-empr-eng.htm).

## Practicum Requirements

You will meet with the Practicum Director to determine the most beneficial practicum placement for you. A one hour massage evaluation will be scheduled to determine your skill level and to support your transition into the practicum/ outreach culture at OVCMT.

In order to successfully complete the 3000 hour massage therapy program the current College of Massage Therapy of BC requirements state that students must have a minimum of 550 clinic hours, 330 of these hours must be treatment (hands-on) hours. The hours must be supervised and recorded. We need to receive documentation from your previous school that clearly shows the hours that you have completed. You may submit your actual log sheets and/or a letter from the school you are transferring from.

## Transfer Student Orientation

To facilitate a smooth transition you are required to attend a 1 day transfer student orientation at the college that is scheduled towards the end of August. We will advise you of the exact date in your acceptance letter. There will also be an orientation to the library with our Resource Coordinator which will be scheduled after you have started the program.

## 1<sup>st</sup> Aid Certification

The College of Massage Therapy of BC requires that you have a current 1<sup>st</sup> Aid Certification in Standard 1<sup>st</sup> Aid with CPR-C and AED prior to participating in any practicum activities. The certification must also be current when you write your BC board exams. Please provide a copy to the administration office.

## 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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If you have any questions or require any further assistance, please call:  
(250) 558-3718 or 1-800-701-8863