



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)	Day Telephone: (include area code)	Email Address:
Residency Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Study Permit <input type="checkbox"/> Other Visa	Date of Entry into Canada (if applicable): (Year) _____ (Month) _____	
I am applying for: <input type="checkbox"/> Spa Practitioner's Certificate: Year 1 Only <input type="checkbox"/> Two Year Massage Therapy Diploma <input type="checkbox"/> Advanced Placement Option for those with a Kinesiology Degree	Start Date: January 20 ____ September 20 ____	

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: _____

Are you a student with a documented learning disability requiring academic accommodation? Yes No

If yes, a current Psycho-Educational Assessment must accompany this application submission.

How did you hear about OV College of Massage?

OV Sites	Internet Search	Internet Ads	Word of Mouth
<input type="checkbox"/> OV Website	<input type="checkbox"/> Google	<input type="checkbox"/> Facebook Ad	<input type="checkbox"/> High School Counsellor
<input type="checkbox"/> OV Facebook Page	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Google Ad	<input type="checkbox"/> Friend
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Checklist

<input type="checkbox"/> Completed Application Form	<input type="checkbox"/> Employment Resume
<input type="checkbox"/> Application fee of \$125 (non-refundable)	<input type="checkbox"/> Student Budget Worksheet (completed in full)
<input type="checkbox"/> Application fee of \$200 for the Advanced Placement Option	<input type="checkbox"/> Health Assessment Form signed by both you & your physician
<input type="checkbox"/> Application Essay (see following for requirements)	<input type="checkbox"/> Three reference letters (see the following page for requirements)
<input type="checkbox"/> Copies of High School Transcript and any educational degrees, diplomas, certificates, etc.	<input type="checkbox"/> Criminal Record Check (see the following page for requirements)

Your signature below (or ticked check box if completed electronically) indicates that the information on this application form along with the required documentation is true and accurate to the best of your knowledge.

Payment Option:

E-transfer to payments@ovcmt.com (please send security question answer in separate email)

Credit Card# _____ Expiry: _____ CVS code: _____

Signature _____ Date: _____

Application Essay Requirements

Please write a 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 healthfield?
- 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 known 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 Record Check

Official documentation of a criminal record check is required before full acceptance into the program. Students are required to have a Criminal Record Check for “working with Children and Vulnerable Adults”, which is available through the Provincial Government. Criminal Records Check *not through RCMP. Link: <https://justice.gov.bc.ca/eCRC/>
Access code: FRCFUUJ3S4 Working with Children and Vulnerable Adults

Other Important Information

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

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. You may be wait listed for a subsequent intake.

Your completed application and electronic documents can be forwarded to registrations@ovcmt.com.
Original documents should be forwarded 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