Thank you for your interest in our Massage Therapy program. Caldwell Community College and Technical Institute is a co-educational college open to any individual meeting the admission requirements for the particular course or area in which that individual wishes to enroll.

A day program is scheduled for the Caldwell campus beginning September 11, 2017 and ending May 10, 2017. Classes will be held Monday through Thursday, 9 a.m. - 2 p.m.

An evening program is also scheduled for the Watauga campus beginning November 13, 2017 and ending July 23, 2017. Classes will be held Monday through Thursdays, 5 - 10 p.m.

**Admission Requirements:**
- Introduction to Health Services
- Completed admission packet
- Career Pathways - pre-requisite course
  - Mandatory orientation session
  - Reading placement test
- High School Diploma or High School Equivalency
- Official Transcripts showing highest education level attained
  - Applicants should request colleges mail official transcripts directly to their home address. Transcripts must remain sealed and returned in the completed application packet. If currently enrolled in another college, those transcripts should be mailed at the completion of coursework also.
- Must be 18 years of age

**Additional Requirements:**
- Social Security card – name must match government issued photo ID
- Government issued photo ID – name must match Social Security card
- Malpractice insurance
- Proof of childhood immunizations:
  - Records may be obtained from the last school attended or current/past health care providers and must include:
    - DPT (3-5 doses)
    - Td (tetanus) / Tdap (1 every 10 years)
    - Measles, Mumps, Rubella (MMR) (2 doses/ positive blood titer)
    - Influenza (flu) (1 dose annually)
    - Varicella (chicken pox) (2 doses or blood titer=/>1.09)
    - Tuberculin /TB skin test (TST) (current result w/negative reading of <= 15 mm induration / proof of negative CXR within 6 months)
    - Hepatitis B series (3 doses) OR Declination

**Competitive Admissions:**
- Students, who successfully complete Massage Therapy training at CCC&TI, will receive seven (2) points toward admission into the Physical Therapy Assistant program at CCC&TI.

**In order to begin this application process, please print the entire contents of the Admission Packet and complete all forms in their entirety. Due to limited space, only 16 students are accepted into each program. Therefore, it is very important to complete all components of the admission process and return the packet in a timely manner to the Continuing Education Department at 2855 Hickory Boulevard, Hudson, NC 28638, Faye A. Broyhill building (H), Attention: Patrick Benson, Coordinator/Instructor.**
Completed packets are accepted on a first come, first serve basis. Incomplete packets will not be accepted. For specific packet questions, please call 828.726.2261. Once your packet is returned, it will be reviewed for completeness and you will be notified so you can proceed with registration.

Registration is held on the Caldwell campus in the Faye A. Broyhill building (H) at which time registration and malpractice insurance fees are required. If circumstances arise that require you to withdraw from the courses prior to the start date, you must return to the Continuing Education Department to complete a Drop Form in order to receive reimbursement of registration fees.

- The deadline for Registration, for the day program is TUESDAY, September 5, 2017.
- The deadline for Registration, for the evening program is TUESDAY, November 7, 2017.

Textbooks must be purchased prior to the start of Massage Therapy class and are available in the College Bookstore, located in “E” building. A list of textbooks will be provided to the student during orientation.
PLEASE COMPLETE THE FOLLOWING INFORMATION:
Print legibly using black ink.

INDICATE WHICH PROGRAM YOU WOULD LIKE TO ATTEND:
□ Caldwell day - M, T, W, TH, 9 a.m. – 2 p.m. □ Caldwell evening - M, T, W, TH, 5 – 10 p.m.

Complete the contact information below:

Last Name _________________________ First Name ________________ Middle Initial _________
Address (Home/Street) ______________________________ (PO Box) ________________
(City/State/Zip) ___________________________/ ___________________________/ ____________
Contact Numbers (Home) ____________ (Cell) _______________ (Other) _______________

The following CHECKLIST should be used to help assure the completeness of the packet.
All components must be completed in their entirety with supporting documentation.

_____ Corporate & Continuing Education Student Application/Registration form
   Complete front and back, sign and date

_____ 18 years of age

_____ Photocopy of Official Social Security Card (original, signed card) – name must match photo ID

_____ Photocopy of Government issued photo ID – name must match Social Security card

_____ Copy of High School Diploma or High School Credential

_____ Official Transcripts showing highest education level attained

_____ Certificate of Fitness to Attend Massage School form

_____ Childhood immunization records
   o DPT (3-5 doses)
   o Td (tetanus) / Tdap (1 every 10 years)
   o Measles, Mumps, Rubella (MMR) (2 doses/ positive blood titer)
   o Influenza (flu) (1 dose annually)
   o Varicella (chicken pox) (2 doses or blood titer=>1.09)
   o Tuberculin /TB skin test (TST) (current result w/negative reading of <= 15 mm induration / proof of negative CXR within 6 months)
   o Hepatitis B series (3 doses)

_____ This packet is COMPLETE!

Student signature: __________________________________________

Date: ______________________________
CERTIFICATION OF FITNESS TO ATTEND MASSAGE SCHOOL

This form must be signed by a licensed physician, nurse practitioner, or physician’s assistant attesting to the student’s physical and mental well-being. This statement of good health is also required as part of the application to take the licensure examination, upon successful completion of the massage therapy program.

I have examined student, _____________________________________________, on the date of ________________ and certify that in my professional judgment, this student is capable of performing all requirements of the Massage Therapy Training Program at Caldwell Community College and Technical Institute, with the following restrictions.

_____ None

_____ Restrictions are specifically listed below:

(1) _________________________________________________________________

(2) _________________________________________________________________

(3) _________________________________________________________________

Signed: ____________________________________________________________________

(Physician signature)

MD’s printed name: _________________________________________________________

Office address: _____________________________________________________________

Phone number: _________________________

Fax number: ___________________________

Date: _________________________________

Signature or Clinic Stamp REQUIRED:

___________________________________________________________  _______________________

Signature of Physician/Physician’s Assistant/Nurse Practitioner                         Date

___________________________________________________________   _______________________

Print Name of Physician/Physician’s Assistant/Nurse Practitioner    Area Code/Phone Number

________________________________  _____________  ___________    ________________________

Office Address                      City       State          ZIP Code
HEPATITIS B VACCINATION WAIVER OR CONSENT WAIVER

I understand that close personal contact with individuals may increase my risk of acquiring the hepatitis B virus (HBV) infection.

By initialing and signing this form where appropriate, I acknowledge that I have read the information provided regarding HBV and have had adequate opportunities to ask questions regarding the material, and I agree to its content.

Select one statement below to initial and then print and sign your name, date this document and return to your instructor.

I decline the hepatitis B vaccination at this time.

Initials

I understand that I continue to be at risk for contracting this disease but hold Caldwell Community College and Technical Institute harmless should I contract the disease. Should I decide to receive the HBV vaccination series while participating in a health course through CCE, I will notify my instructor and clinical supervisor and will provide documentation of the vaccine(s) when given.

I have previously received the series.

Initials

I will present proof of immunization.

I am currently receiving the series.

Initials

I will submit proof of immunization at the time received.

I am immune to hepatitis B.

Initials

Antibody testing (titer) has revealed immunity.

Hepatitis B vaccine is contraindicated for medical reasons.

Initials

I have attached medical documentation.

Print name

Signature

Date
Name: 

Address: 

City: __________________________  State: __________________ Zip: __________  County: ________________

Phone: (H) ___________ ___________ (W) ___________ ___________ (C) ___________

Social Security Number: ___________ ___________ ___________  or  College ID: __________________________

Date of Birth: ___________ / ___________ / ___________  Gender: ☐ Male  ☐ Female

Do you consider yourself Hispanic/Latino? ☐ Yes  ☐ No 
Select one or more of the following categories:
☐ American/Alaska Native (AN)  ☐ Asian (AS)  ☐ Black or African American (BL)  ☐ White (WH)
☐ Hawaiian/Pacific Islander (HP)

Accommodations are available for qualified students with disabilities. For further information, call 828-726-2716 (Caldwell), or 828-297-3811 (Watauga).

Status: ☐ E1 Employed 1-10 hrs  ☐ Under 16  ☐ E2 Employed 11-20 hrs  ☐ Senior Citizen  ☐ E3 Employed 21-39 hrs  ☐ Dislocated worker  ☐ E4 Employed 40 hrs or more  ☐ WIA  ☐ R Retired  ☐ TRA  ☐ UN Unemployed (not seeking)  ☐ TAA  ☐ US Unemployed (seeking)

Highest Education Level Completed: ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11
☐ 12 High School Graduate  ☐ 13 Adult High School Diploma/GED  ☐ 14 Vocational Diploma  ☐ 15 Associate Degree  ☐ 16 Bachelor's Degree  ☐ 17 Master's Degree or Higher

Email address: __________________________

Refer to class schedule to complete below:

<table>
<thead>
<tr>
<th>Course</th>
<th>Section</th>
<th>Course Title</th>
<th>Dates/Times</th>
<th>Cost</th>
</tr>
</thead>
</table>


If you are under 18 years of age, a minor permission form must be on file at the college.

<table>
<thead>
<tr>
<th>Name of High School:</th>
<th>Date last attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: ______________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Method of Payment: ☐ Cash   ☐ Check ☐ Check # ______________________ (Please make check payable to CCC&TI)

* Do not fax credit card information. Credit card information accepted only online or in person.

* Credit Card: ☐ Visa ☐ MasterCard

Mail payment and registration form to:
CCC&TI, Corporate & Continuing Education, 2855 Hickory Boulevard, Hudson NC 28638
CCC&TI, Watauga Continuing Education, P.O. Box 3318, Boone NC 28607

* Fax registration form and purchase order or billing authorization letter to:
  Caldwell fax: 828-726-2472
  Watauga fax: 828-297-4174

Fax: 828.726.2472

P.O. Box 3318, Boone NC 28607

Watauga fax: 828.297.4174

By signing this form, I acknowledge that I have been informed of my right to purchase accident insurance through CCC&TI or I may waive the right to purchase. Without insurance, I assume responsibility for all medical costs incurred by me while I am a student at this institution.

For Fire, Rescue, and EMS: By signing this form, I give permission for CCC&TI and the North Carolina Department of Community Colleges to release my certification to the NC Fire and Rescue Commission of the NC Department of Insurance.

Tuition and Fee Waiver – Verification Statement

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria listed below. Individuals not selecting one of the four criteria below must pay the applicable fee to register for a Continuing Education course.

I qualify for a tuition and fee waiver under the following criteria:

☐ 1) I am currently unemployed
☐ 2) I have received notification of a pending layoff
☐ 3) I am working and eligible for the Federal Earned Income Tax Credit
☐ 4) I am working and earn wages at or below two hundred percent (200%) of the federal poverty guidelines.

I hereby verify that all the information given by me as written on this Tuition and Fee Waiver Statement is complete and accurate to the best of my knowledge.

REQUIRED STUDENT SIGNATURE: ____________________________ Date: __________________

Advisor / Director / College Official initials: ____________________________ Date: __________________

CORPORATE & CONTINUING EDUCATION REFUND POLICY

All occupational and community services classes receive a FULL refund (registration fees only) if the student officially withdraws from the course prior to the first class meeting. A 75% refund of registration fees only will be given if the student officially withdraws from the course on or prior to the 10% point of the course. There is NO refund for self-support courses.

Please allow six weeks for processing of refunds.

CCC&TI is an equal opportunity educator & employer

Rev. 10/15