



# BOULDER COLLEGE OF MASSAGE THERAPY

## APPLICATION FOR ADMISSION

### Overview

Thank you for applying to the Boulder College of Massage Therapy. We are confident that your experience at BCMT will be transformational and rewarding.

There are several parts to the application process. While your academic record and interview are the most important elements, we also want to know about the combination of qualities and aspirations that makes you distinctive. Please keep this in mind when completing your application.

Note deadlines for submission. Application forms cannot be processed unless completed in full. Be sure all application materials are included in your final application packet.

If you have any questions, contact one of our admissions coordinators at (303) 530-5933 or [admissions@bcmt.org](mailto:admissions@bcmt.org).

### Application Checklist

Use this list to ensure you have gathered all the necessary application packet elements.

- Application.** Complete parts A, B and C.
- Academic Transcript.** Provide transcripts for your most recent degree. Instruct your college or high school to forward your transcripts or GED to the BCMT admissions office. Transcripts must carry an official seal to be valid. Note that receipt of your transcripts may take up to 3 weeks.
- Massage Therapy Transcript.** (For AOS applicants only) Provide transcripts verifying completion of an approved certification in a massage therapy program of more than 500 hours.
- Resume or Cover Letter.** (For AOS applicants only) Itemize your work experience as a CMT.
- Letters of Recommendation.** Solicit recommendations from professional references like employers and teachers. At least one letter of recommendation is required. Reference letters should be on letterhead and must include title and contact information. Letters can be sent directly to the admissions office or may be included in your admissions packet.
- Payment.** The \$75 application fee is payable with Visa, MasterCard, check or money order.
- Early Application Benefit.** The \$75 application fee will be waived for applications received on or before the early application deadline:

Quarter	Early Application Deadline
January	November 1
April	February 1
July	May 15
October	August 1

Note that these deadlines are for the EARLY APPLICATION BENEFIT ONLY. They are not college application deadlines.

- Tuberculosis Test.** Results must be less than one year old.
- Interview.** Scheduled upon receipt of a completed application packet.
- Photo.** Optional.
- Signature.** Required.

## Part A – Applicant Information

### Program:

### Start Date / Program Length:

- MT Certification:     Jan 800-hour     Apr 800-hour     Jul 800-hour     Oct 800-hour  
 Jan 1000-hour     Apr 1000-hour     Jul 1000-hour     Oct 1000-hour

Do you intend to pursue an AOS degree following graduation?     Yes     No     Unsure

- AOS Degree:     Jan 1320-hour     Apr 1320-hour     Jul 1320-hour     Oct 1320-hour  
BCMT 1000-hour MT Certificate or qualified transfer from another massage therapy institution required as a prerequisite.

### 1. Biographical Information (Type or print legibly)

#### Date of Birth:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

#### Gender:

- Male     Female

### 2. Contact Information (Type or print legibly)

_____	_____	_____	_____
Last	First	MI	Maiden/Previous Name

Street Address

_____	_____	_____	_____
City	State/Province	Zip/Postal Code	Country

(_____)	(_____)	(_____)
Home Phone	Work Phone	Cell Phone

Email (required)

### 3. Emergency Contact Information (Type or print legibly)

_____	_____	_____
Last	First	Relationship to Applicant

(_____)	(_____)	(_____)
Home Phone	Work Phone	Cell Phone

### 4. Citizenship Information

- a) Are you a U.S. citizen or permanent resident?     Yes     No (If no, please complete items "b" and "c")

_____	_____	_____
Country of Citizenship	Type of Visa	Visa Issued By

- b) Is English your native language?     Yes     No (If no, please provide information about your Test

for English as a Foreign Language [TOEFL]):    Date: \_\_\_\_\_    Score: \_\_\_\_\_

- c)  I have not yet taken the TOEFL, but plan to take it on the following date: \_\_\_\_\_  
(Applicants who demonstrate proficiency in both written and spoken English may be exempt from the TOEFL requirement.)

**5. Ethnic Background** (For compliance with the 1964 Civil Rights Act)

Select one or more:

- Hispanic/Latino       Caucasian       Native Hawaiian/Pacific Islander
- African American       Asian       Native American/Alaska Native

**6. Previous Education**

High School/GED	City/State	Diploma, Certificate or Degree	Completion Date
College/University/Trade School	City/State	Diploma, Certificate or Degree	Completion Date
College/University/Trade School	City/State	Diploma, Certificate or Degree	Completion Date

**7. Criminal History**

Have you ever been convicted of a felony or pled guilty to a charge of unlawful sexual behavior or any prostitution-related offense?  Yes  No

If yes, on a separate sheet of paper, describe the date, place, charge, resolution, and sentence. Describe time served in a rehabilitation program. BCMT reserves the right to conduct a criminal background check. Disclosure of a conviction will not necessarily disqualify you from enrollment.

**8. Previous Applications**

Have you ever applied to BCMT before?  Yes  No      If yes, provide date: \_\_\_\_\_  

Month
Year

**9. Financial Aid** (Check all that apply)

- a) Are you applying for Federal Student Aid?       Yes       No
- b) Are you eligible for the Presidential Scholarship?\*       Yes       No
- c) Are you applying for VA Benefits?       Yes       No
- d) Are you applying for Vocational Rehabilitation?       Yes       No

\* Must be received by early application benefit deadline

The online application for financial aid is available at [www.bcmt.org](http://www.bcmt.org). Contact the BCMT financial aid office for financial aid and other financial assistance information.

**10. Application Fee**

Credit Card Number	Expiration Date	3-Digit Security Code
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Name on Card	Signature
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I have included a personal check made payable to Boulder College of Massage Therapy

**11. Signature**

I hereby certify that all information I have provided on this application is true and complete.

I hereby authorize BCMT to investigate the statements I have made in this document.

I understand that omissions and false statements are grounds for disqualification or expulsion.

Printed Name	Signature
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## **Part B – Health History Information**

The practice of massage therapy requires physical stamina. You must be able to sit and stand for long periods of time, kneel comfortably, and rise to a standing position from the floor. Your wrists, elbows, ankles, and knees must be healthy and flexible. Please inform BCMT of physical conditions that may require special accommodation.

Students are not required to submit to HIV/AIDS testing, and anyone who has tested positive for HIV/AIDS is not required to disclose that information. However, students with infectious conditions are encouraged to consult with the BCMT Director of Education and/or a physician to understand the risks your condition may present and identify the precautions you should take. See the BCMT Student Handbook for the complete policy on infectious conditions.

### **1. Acute or Chronic Pain** (Check all that apply)

Have you ever suffered from any of following conditions?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ankle/foot pain        | <input type="checkbox"/> Arm/elbow pain       | <input type="checkbox"/> Back pain       |
| <input type="checkbox"/> Hip/leg/knee pain      | <input type="checkbox"/> Neck pain            | <input type="checkbox"/> Sciatica        |
| <input type="checkbox"/> Shoulder pain          | <input type="checkbox"/> Skin conditions      | <input type="checkbox"/> Wrist/hand pain |
| <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Other _____     |

### **2. Diseases and Disorders** (Voluntary and confidential–this information used to ensure full participation in BCMT programs)

Have you ever suffered from any diseases or disorders that may limit your participation in program activities (i.e. chronic fatigue syndrome, epilepsy, multiple sclerosis, Parkinson’s disease)?

- Yes    No

### **3. Disabilities** (Voluntary and confidential–this information used to ensure full participation in BCMT programs)

Have you ever suffered from a physical disability (i.e. visual impairment, hearing impairment, head injury), learning disability (i.e. ADD, ADHD, dyslexia) or psychiatric disability (i.e. depression, bipolar disorder, panic disorder) that may require special accommodation?

- Yes    No

If yes, submit a Special Needs Form six weeks prior to enrollment. Some requests may require more than six weeks to process.

## **Part C – Essay**

To help us to get to know you, address the subjects listed below with essay responses. Submit your essay(s) with your application. Recommended essay length is 300 words per subject.

### **CMT/AOS Applicants**

1. Describe how a massage therapy career will help fulfill your personal and professional goals.
2. Describe the thoughts, impressions and emotions you’ve experienced during or after massage therapy. (A minimum of two massage therapy sessions is required before applying to BCMT.)

### **AOS Applicants Only**

Describe how advanced massage therapy training will help fulfill your personal and professional goals.

## **Mailing Instructions:**

Mail your completed applications packet to: BCMT Admissions Office  
6255 Longbow Drive  
Boulder CO 80301