

Montana Institute of Massage Therapy, Inc.
Corporate Office: 860 N. Meridian Rd Unit B2, Kalispell, MT 59901 ph: 406-257-6468
Branch Campus: Billings 2520 5th Ave South Billings, MT 59101 ph: 406-248-2741
Satellite Campus: Great Falls, MT / Mail all documents to the Corporate Office.

STUDENT ENROLLMENT AGREEMENT

(This application must be completed in its entirety to be considered)

Location: ___ Kalispell Campus ___ Billings Campus (*please check one*) ___ Great Falls

School Schedule: ___ Day Classes ___ Evening ___ Weekend Classes (*please check one*)

Schedule Preference: ___ Spring ___ Fall (*please check one*)

Personal Information

Name: _____
 First Middle Last

Age _____ Sex _____ Date of Birth _____ Phone _____ Work _____

Mailing Address: _____

City _____ State _____ Zip _____

Social Security Number _____ Marital Status _____

Email Address: _____

Career Interest Please attach your responses if you need more space.

1. How did you learn about this program? _____
2. Why do you want to enroll in this program? _____
3. What position do you see yourself in when you finish this program? _____
4. What are your future educational plans? _____
5. What do you see yourself doing in five years? _____
6. What is your main career objective? _____

Work Experience

List employment experience beginning with most recent employer.

	Employer	Address	Supervisor	Date Employed	Reason for leaving
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

Educational History

Please list all schooling or training experience beginning with the most recent. Use another sheet of paper if more room is needed.

School	Date Attended	Program	Degree/ Certificate	Address	Year Graduated	Type of School

Your enrollment agreement will be reviewed upon receiving all of the following items:

- This form completed.
- \$25 Non-refundable application fee.
- Three letters of recommendation from people who have known you for no less than two years and who are not related to you.
- Proof of highest education completed.
- A wallet-sized photograph of yourself with your name written on the back of it.
- Please circle t-shirt size. (Included in your tuition fee) S, M, L, XL, XXL, XXXL

Do you believe that you are currently physically capable of performing massage therapy?
 Yes No

Please check if you have had or are currently experiencing any of the following:

- Alcoholism
- Drug Abuse
- Receive or have received counseled psychiatric care
- Communicable diseases

Have you ever been convicted of a sexual offense? Yes No

I hereby certify that to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient cause for rejection or dismissal. I authorize the school to make appropriate inquiries when necessary to certify the accuracy of my records.

I understand that I must make a tuition deposit of \$500 within 2 weeks prior to the class start date. If all of my school expenses are being paid with a lending institution, I will NOT be required to make a tuition deposit. I understand that if all my school expenses are NOT being paid with a lending institution, the school will not hold a place for me until my deposit has been received.

Applicant's Signature _____ **Date** _____

REFUND POLICY

An Application rejected by Montana Institute of Massage Therapy prior to the start of term will be entitled to a refund of all money paid, minus the \$25 application fee. The application fee is nonrefundable and required to process the application.

The school term is defined as all the time elapsed from the start date. Scheduled school vacations, holidays, student absences, or other time missed for any reason will be included in time elapsed since the start date. The refund policy only applies to tuition with the exclusion of textbooks or other supplies.

Student entitled upon withdrawal / termination

Withdrawal after first 2 weeks of School

Refund

90% refunded

Thereafter as follows:

25% of program completed
30% of program completed
35% of program completed
40% of program completed
45% of program completed
50% of program completed
51% of program completed

60% refunded
50% refunded
40% refunded
30% refunded
20% refunded
10% refunded
0% refunded

VETERAN ELIGIBLE PARTICIPANTS REFUND TABLE

Student entitled upon withdrawal / termination

10% of program completed
20% of program completed
30% of program completed
40% of program completed
50% of program completed
60% of program completed
70% of program completed
80% of program completed
90% of program completed

Refund

90% refunded
80% refunded
70% refunded
60% refunded
50% refunded
40% refunded
30% refunded
20% refunded
10% refunded

Veteran Pro-Rata Policy – Student’s withdrawing from the course will have the remainder of the course fees refunded in accordance with the following refund table. In accordance with DVA regulations, should a student withdrawal prior to start of the course, \$10.00 of the registration fee will be retained by the school, and the remainder will be subjected to the pro rata policy.

WITHDRAWAL POLICY

Withdrawal before the start of the program must be communicated in writing. If the student has already begun the program, communication in writing and an interview with the director is required to be officially withdrawn from the program.

COURSES OFFERED / LENGTH OF PROGRAM

Billings Campus/Hours: 850 Clock Hours (included 50 hours at hospital)

Course Length: Day Program 8.5 months / Evening Program 18 months

Kalispell Campus/Hours: 800 Clock Hours

Course Length: Day Program 8.5 months / Evening Program 18 months

- MA Massage Anatomy and Physiology
- MP Massage Pathology
- ME Massage Medical Terminology
- MK Massage Kinesiology
- MT Massage Theory
- MB Massage Business
- MC Massage Clinic

Anatomy and Physiology

MA-01	Organization and General Plan of the Body
MA-02	Basic Chemistry
MA-03	Cells
MA-04	Tissues and Membranes
MA-05	Integumentary
MA-06	Skeletal
MA-07	Muscle
MA-08	Nervous
MA-09	The Senses
MA-10	Endocrine
MA-11	Blood
MA-12	Heart
MA-13	Vascular
MA-14	Lymphatic
MA-15	Respiratory
MA-16	Digestive
MA-17	Temperature and Metabolism
MA-18	Urinary
MA-19	Fluid-Electrolyte & Acid Balance
MA-20	Reproductive
MA-21	Human Development & Genetics
MA-22	Introduction to Microbiology & Human Genetics

PATHOLOGY

MP-01	Integumentary System Conditions
MP-02	Musculoskeletal System Conditions
MP-03	Nervous System Conditions
MP-04	Circulatory System Conditions
MP-05	Lymph & Immune System Conditions
MP-06	Respiratory System Conditions
MP-07	Digestive System Conditions
MP-08	Endocrine System Conditions
MP-09	Urinary System Conditions
MP-10	Reproductive System Conditions
MP-11	Miscellaneous Conditions
MP-12	Client Endangerments

MEDICAL TERMINOLOGY

ME-01	Basic Word Structure
ME-02	Organization of the Body
ME-03	Suffixes
ME-04	Prefixes
ME-05	Medical Specialists & Case Reports
ME-06	Appendix I-Body Systems
ME-07	Appendix II-Diagnostic Tests/Procedures
ME-08	Appendix III-Abbreviation & Symbols

Kinesiology

MK-01	Fundamentals of Structure & Motion
MK-02	Skeletal Osteology
MK-03	Skeletal Arthrology
MK-04	Myology
MK-05	General Muscle Groups
MK-06	Deep to Superficial Overview
MK-07	Muscles Scapula / Arm
MK-08	Muscles - Forearm
MK-09	Intrinsic Muscles – Hand
MK-10	Muscles - Trunk
MK-11	Muscles - Pelvis
MK-12	Muscles – Thigh
MK-13	Muscles – Leg
MK-14	Intrinsic Muscles - Foot
MK-15	Muscles – Head
MK-16	Muscles – Neck

Massage Theory

MT-01	Draping
MT-02	Body Mechanics & Injury Prevention
MT-03	Massage Room & Equipment
MT-04	History of Massage
MT-05	Swedish Massage

MT-06	Orthopedic Assessment in Massage
MT-07	Seated Massage
MT-08	Sports Massage
MT-09	Rehabilitative Stretching
MT-10	Transverse Friction Massage
MT-11	Myofascial Release
MT-12	Deep Tissue Techniques for Specific Pathologies
MT-13	Trigger Point Therapy
MT-14	Neuromuscular Therapy
MT-15	Hydrotherapy & Spa Techniques
MT-16	Massage and Medication
MT-17	Massage for Special Populations
MT-18	Comparative Bodywork Studies
MT-19	Asian / Chinese Principals
MT-20	Reflexology

BUSINESS & PROFESSIONAL DEVELOPMENT

MB-01	Study Skills
MB-02	Sanitation & Universal Precautions
MB-03	Soap Charting & Professional Communication
MB-04	Record/Bookkeeping
MB-05	Professional Ethics
MB-06	Psychology of Bodywork
MB-07	Insurance Billings
MB-08	Business Planning
MB-09	Marketing
MB-10	Nutrition
MB-11	Aids/HIV Awareness
MB-12	First Aid/CPR
MB-13	Physical Education & Self Care
MB-14	Medical Disciplines
MB-15	National Exam Preparation

PROFESSIONAL CLINIC PRACTICUM

MC-01	Clinic Practicum
MC-02	Clinic Hospital Practicum (Billings Campus only)
MC-03	Clinic Sporting Event Practicum