

FIRST COAST TECHNICAL COLLEGE MESSAGE THERAPIST PROGRAM

Dear Prospective Student:

FCTC is now accepting applications for the Massage Therapy program. This course is scheduled each year with approximately 5-6 months of classroom time. The course is **750 hours** in length. Students are expected to be in class for each day for its entirety. Students must provide their own transportation to and from the campus as well as all clinical settings.

As of July 1, 2009 any felony drug conviction or Medicaid/Medicare fraud will prohibit the eligibility of license, certification or registry in Florida for 15 (fifteen) years after the end of the probation period. For further information please contact Florida Department of Health, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Tallahassee, FL 32399 (850-245-4125).

In order to be eligible for this course you will need to meet the following prerequisites and complete the following steps:

1. Schedule date and time to attend FCTC orientation and take Test of Adult Basic Education \$20.00

TABE scores are valid for two years from the date of administration. If you do not have recent TABE scores on record with First Coast Technical College, please register for test in registration.

2. Complete and submit application including all required documentation. \$10.00

Note: All fees are nonrefundable/nontransferable and subject to change.

APPLICATIONS MUST BE COMPLETE and SUBMITTED IN PERSON.

PLEASE DO NOT MAIL YOUR APPLICATION!

**Completed applications should be submitted to Health Occupations Office,
Administrative Assistant, in Building D, Room #103.**

INCOMPLETE APPLICATIONS WILL NOT ACCEPTED

ADMISSION REQUIREMENTS

1. Be at least 18 years of age.
2. Have a high school diploma or GED.
3. Must have a TABE score of 10th grade in reading and language and 9th grade in math.
4. Pass a FDLE Background Check regarding arrest and conviction to determine eligibility for state licensing.
5. Proof of a physical examination, results will determine ability to perform necessary components of giving and receiving massages.
6. Proof of a negative Tuberculin test.
7. Name and contact information of two (2) character references who may be contacted by the school. References should include previous instructors, employers, or other professionals.

The following is now required by Florida State Statutes regarding how a student is classified as a **FLORIDA RESIDENT**:

To qualify as a Florida resident for tuition purposes, a student must have established legal residence in Florida and must have **MAINTAINED** legal residence in Florida for at least **12 MONTHS IMMEDIATELY PRIOR TO THE FIRST DAY OF CLASS**. Evidence of Florida residency may include one or more of the following documents with **APPLICABLE ESTABLISHMENT DATES**:

1. Proof of purchase of a permanent home in Florida
2. Florida vehicle registration
3. Professional/occupational license in Florida
4. Full-time employment in Florida
5. Florida driver's license
6. Florida voter's registration card
7. Declaration of domicile

Once you have submitted your completed application you are then eligible to register, pay tuition and begin class at the next enrollment date. New class enrollment begins August and January. Your application is good for two (2) years from application submission date. After two years your application will expire and you will have to reapply.

Mandatory drug testing is required at the student's expense. This screening must be completed within (2) weeks following enrollment.

AUXILIARY AID

This school provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please contact a counselor in Building "A".

COURSE DESCRIPTION

The purpose of this program is to provide students the opportunity to prepare for employment as a licensed massage therapists SOC 31-9011. It is approved by the Florida Department of Health, Board of Massage Therapy so that the program graduates may take the board approved examination to practice as a licensed massage therapist.

In order to become a Licensed Massage Therapist (LMT) in the state of Florida graduates from this program must take the National Certification Examination for Therapeutic Massage and Bodywork. Estimated cost is \$225.

When a graduate successfully passes the NCBTMB examination, then and only then, may he/she apply for a massage therapy license in the State of Florida. The cost to apply and obtain a Massage Therapy License is an additional \$205.00. Therefore, to receive an initial license, fees are approximately \$430.00. [The cost of the examination plus the cost of the initial license] This is required at the end of the massage therapy program to obtain a Florida Board of Massage Therapy License.

The course is made up of classroom and practical instruction in the student clinic. Students are required to arrange their own transportation to and from class or clinical areas.

COURSE CURRICULUM

This course includes, but is not limited to, theoretical instruction and clinical experience in:

- * Health Core
- * Anatomy & Physiology
- * Muscular Skeletal Anatomy
- * Pathology
- * Basic Massage
- * Massage Theory & Practicum
- * Allied Modalities
- * Theory & Practice of Hydrotherapy

This course is 750 hours in length. Students are expected to be present for each scheduled class and/or clinical experience throughout the entire program.

HSC0003	90 hrs	Basic Health Care Worker
MSS0205	360 hrs	Massage Therapist I
MSS206	300 hrs	Massage Therapist II

FINANCIAL AID

You should consider applying for financial aid. Application processing takes approximately four to six weeks. It is your responsibility to contact the financial aid office at these numbers: Palatka: (386) 326-9000, St. Augustine: (904) 547-3511.

ESTIMATED COURSE FEES AND SUPPLIES

Additional Fees

Application	\$ 10.00	Books	\$ 350.00
Registration/TABE	\$ 20.00	Background check	\$ 50.00
Lab Fee	\$ 90.00	Uniforms and Shoes	\$ 85.00
Student Fees	\$ 190.50	National Exam Fee	\$ 225.00
State License Fee	\$ 205.00		

COURSE NUMBER	COURSE NAME	ESTIMATED COST
HSC0003	Basic Health Care Worker	\$ 302.00
MSS0205	Massage Therapist I	\$1133.00
MSS0206	Massage Therapist II	\$ 951.00

ESTIMATED TOTAL COST OF PROGRAM: \$ 3600.00
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NOTE: Costs are provided to assist you with a personal cost budget, and are approximate prices, which may vary at any time. Sales Tax is not included in estimates. If an agency is paying for your books or clothing, you must present approved voucher and payment receipt to receive items.

*******ALL PRICES SUBJECT TO CHANGE*******

CHECKLIST FOR APPLICANT

Prior to submitting application, make one COPY of each item below and ATTACH to application.

FCTC is unable to make copies of the required documentation.

- () TABE scores of 10.0 in Reading & Language, and a 9.0 in Math, or AA/AS Degree or higher with official transcripts attached in a sealed envelope.
- () High School Diploma with official transcript or GED Certificate
- () Birth Certificate or Naturalization Certificate
- () Passport or Permanent Resident Card (if not US citizen) or Florida Driver's License/Identification Card
- () Submit proof of Physical Examination & Negative Tuberculin test.
- () Completed Application to Health Occupations Office, Administrative Assistant in Building D, Room #103.

FIRST COAST TECHNICAL COLLEGE
2980 COLLINS AVENUE
ST. AUGUSTINE FL 32084-1919
(904) 547-3282

NOTE: A \$10 non-refundable/non-transferable
Application fee must accompany this form.

Application Fee \$10.00
RCPT# _____
DATE: _____

MESSAGE THERAPY PROGRAM APPLICATION

Name: _____
Last First Middle Maiden

Social Security #: _____ Date of Birth: _____ Place of Birth _____

Mailing Address: _____
Street Apt/Unit Number City State County Zip

Telephone: Home: _____ Work: _____
Cell: _____ Email: _____

Emergency contact: _____ Phone Number: _____

Relationship of the contact person to you: _____

Circle Highest Grade Completed: 9 10 11 12 College: 1 2 3 4 yrs Graduate Level

Prior Medical Training: { } Yes { } No If yes, please provide name of school, city and state

Type of Program: _____ Dates of Attendance: _____

Reason for Leaving Program: _____

List any schools attended, years attended and courses taken since high school not included above:

I verify that all information contained in this application is true and correct. I authorize the First Coast Technical College to contact former employers and educational institutes on this application, and further authorize these employers and educational institutes to release information to officials of First Coast Technical College concerning my performance and progress while under their employment or enrolled in their program(s).

Signature of Applicant

Date

FIRST COAST TECHNICAL COLLEGE

Massage Therapy Department

2980 Collins Avenue

St. Augustine, FL 32084-1919

TRANSCRIPT REQUEST

PLEASE RETURN THIS FORM WITH TRANSCRIPT

TO: Admissions Office

Please print clearly the name and address of the school.

_____ Zip _____

I was last enrolled at your institution during the _____ school year.

Last Name	First Name	Middle Name	Previous Name
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Social Security Number

Date of Birth

Please forward a copy of my **official transcript**/proof of high school graduation to First Coast Technical College for the Massage Therapy Program.

If you have any questions, you can contact me at:

Address _____

City _____ State _____ Zip _____

Telephone # _____

Signature

Date

FIRST COAST TECHNICAL COLLEGE

Massage Therapy Department

2980 Collins Avenue

St. Augustine, FL 32084-1919

REFERENCE INFORMATION

Reference #1:

Name: _____

(Please print)

Phone: _____

Address _____

Relation to applicant: _____

Reference #2:

Name: _____

(Please print)

Phone: _____

Address _____

Relation to applicant: _____