**Bridgerland Technical College**

**Therapeutic Massage Program**

**Application Checklist**

Complete the following checklist and return it with your application. It is your responsibility to ensure that all items are completed. Please note that any missing information will render your file incomplete, and you will not be considered a possible candidate for this program.

Please **initial** or write N/A on each of the following statements:

\_\_\_\_\_ I have completed the Bridgeland academic assessment exam and enclosed a copy of the Assessment & Learning Center score sheet given to me by the Assessment Center Technician.

**OR**

\_\_\_\_\_ I have a composite ACT score of 17 or a composite SAT score of 930 taken no more than four years prior to enrollment and have enclosed a copy of the score.

\_\_\_\_\_ I have fully completed the Bridgerland Therapeutic Massage Application Form, including the Goal Statement and sealed Reference Evaluation forms.

\_\_\_\_\_ I have completed the prerequisite Medical Terminology course (from a regionally-accredited college or university) with a grade of B or better (a B- is not acceptable).

\_\_\_\_\_ I have submitted an official transcript from where I originally completed the prerequisite course. Transcripts may be submitted either by mail (please send Attn: Therapeutic Massage Department Head) or in a sealed official envelope with your application.

**NOTE:** If you took your prerequisite course at Bridgerland during high school or as an adult, you must request an official Bridgerland transcript by visiting our website [here](https://btech.edu/requesting-a-transcript-certificate/). (Allow 3-5 business days for processing transcripts once information/payment has been received. Official Bridgerland transcripts are $3 each.)

\_\_\_\_\_ I understand that in order to receive a point for completing a degree, the degree must have been awarded from a regionally accredited college or university.

\_\_\_\_\_ I have included a copy of my current certification for CNA or MA (if applicable).

\_\_\_\_\_ I have initialed or placed N/A on every line of this application checklist.

Please include this form with your application. If you have questions concerning the application process,

please contact the Therapeutic Massage Department Head at (435) 237-0073.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**Bridgerland Technical College**

**Application Form**

(Please print legibly in black or blue ink)

Full Name First Middle (Maiden) Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mailing Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

List degree(s) which must be from a regionally accredited college or university to be considered for application points.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | Dates of Attendance | | Degree? | |
|  | From | To | Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Health Care Training** (Must have current certification to be awarded point)

Certified Nursing Assistant (CNA) Yes ❒ No ❒ Date of Expiration \_\_\_\_\_\_\_\_\_

Medical Assistant (MA) Yes ❒ No ❒ Date of Expiration \_\_\_\_\_\_\_\_\_

If “Yes,” please include a copy of your current certification with your application to be awarded a point.

**Health Care Work or Health Care Volunteer Experience**

List most recent work or volunteer experience first. If none, indicate by N/A.

|  |
| --- |
| Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Description  Dates of employment/volunteer: From – To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Description  Dates of employment/volunteer: From – To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMPORTANT! Be Sure to Read the Following:**

To be a licensed massage therapist in the State of Utah, the applicant must be in conformity with the Utah Massage Therapy Practice Act. Applicants who have been convicted of a felony or any drug related charges; have been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse; or may pose a threat to themselves, clients, or to the public health, safety, or welfare because of any circumstances or conditions, should determine their eligibility status with the Division of Occupational and Professional Licensing. Locate an Application for Criminal History Determination on <https://dopl.utah.gov/mt/>

The Division of Occupational and Professional Licensing makes the final decision on issue of license to practice in the State of Utah. If you have a record of convicted criminal actions, it may affect your eligibility for admission to the Bridgerland Therapeutic Massage program. Admission to the program is contingent upon submission of a satisfactory background check. If a background check reveals a history of convicted criminal actions, you may be expelled from the program.

**References**

List the names of the three professional people who will be completing your Reference

Evaluation forms. These must be people who are now or who have been your employer,

supervisor, former instructor, or community leader. They must have known you for at least six

months and cannot be related to you. At least two reference forms are required for your

application to be considered, but you must have three reference forms returned

in order to potentially receive the maximum three points.

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution Position |
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**Professional Goal Statement**

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using the lines below and on the next page, write a statement of your professional goals.

Scoring is based on the following criteria:

* The statement must be handwritten; typed statements will not be accepted.
* The statement must be a minimum of 150 words and a maximum of 200 words. Count carefully!
* **The statement will be graded on legibility, spelling, punctuation, grammar, and sentence structure.**

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**Professional Goal Statement - Continued**

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