

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 state	ments:
	I have completed the Bridgerland academic Assessment & Learning Center score sheet giver OR	assessment exam and enclosed a copy of the to me by the Assessment Technician.
		e SAT score of 930 taken no more than four years the score.
	I have fully completed the application for Therap sealed Reference Evaluation forms.	eutic Massage, including the Goal Statement and
	I have completed the prerequisite Medical Te college or university) with a grade of B or better	rminology course (from a regionally-accredited (a B- is not acceptable).
	Transcripts may be submitted either by mail (ple Head) or in a sealed official envelope with your	ECH during high school or as an adult, you must ur website here. (Allow 3-5 business days for
	I understand that in order to receive a point for awarded from a regionally accredited college or	completing a degree, the degree must have been university.
	I have included a copy of my current certificatio	n for CNA or MA (if applicable).
	I have initialed or placed N/A on every line of th	is application checklist.
	include this form with your program application. s, please contact the Therapeutic Massage Depar	
 Signatu	ure of Applicant	 Date



Bridgerland Technical College Application Form

(Please print legibly in black or blue ink)

Full Name First Middle (Maiden) La	st					
Home Address						
City, State, Zip						
Mailing Address (if different from a	bove)					
Email Address		Dat	e of Birth			
Cell Phone	Home Phone					
Emergency Contact: Name		Phone				
Education List degree(s) which must be from a for application points.	a regionally	accredited c	ollege or univ	versity to be	e consi	dered
Name of S	School		Dates of Attendance Degre		ree?	
			From	То	Yes	No
Health Care Training (Must have	e current ce	ertification 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 yo	our current	certification	with your ap	plication to	be aw	arded



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

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 Therapeutic Massage program at Bridgerland Technical College. 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
Name	
Address	
Institution	Position
Name	-
Address	
Institution	Position



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 carefu	lly!
• The statement will be graded on legibility, spelling, punctuation, grammar, and sentence st	
-	

Professional Goal Statement - Continued				
				