

HAVE YOU EVER BEEN CONVICTED OF A CRIME?: _____ IF YES, GIVE DETAILS

**PLEASE BE AWARE THAT, REGARDLESS OF EDUCATION/GRADUATION, THE STATE MEDICAL BOARD OF OHIO RESERVES THE RIGHT TO DENY LICENSURE TO ANYONE CONVICTED OF CERTAIN CRIMES AND/OR DRUG OFFENSES.

EDUCATION: (HIGH SCHOOLS, COLLEGE AND VOCATIONAL SCHOOLS)

School	Location	Dates Attended	Major Interest	Degree Awarded
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Citizenship: _____

Indicate Semester Desired (Month/Year) _____

Indicate Program Desired: Degree _____ Diploma _____

Indicate Financial Plan for Paying Your Tuition: _____

Full Payment _____ Monthly Payment _____ Other _____

Are you eligible for veteran's benefits or vocational rehabilitation assistance? Yes _____ No _____

Will it be necessary for you to work while you are in school? Yes _____ No _____

If "Yes", indicate part-time or full-time: _____

Describe your reasons for wanting to attend our school:

**PLEASE COMPLETE THIS APPLICATION AND RETURN IT TO THE ADMISSIONS DEPARTMENT.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THE INFORMATION HEREIN IS TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS ON THIS APPLICATION COULD BE CAUSE FOR REFUSAL OF ADMISSION, CANCELLATION OF ADMISSION OR SUSPENSION FROM THE COLLEGE IF DISCOVERED SUBSEQUENTLY. OHIO COLLEGE OF MASSOTHERAPY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT DUE TO RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, AGE OR RELIGION.

PLEASE SIGN HERE

DATE

Admissions drive/enrollment packet/campus



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

FOR BOARD USE ONLY
FEE: \$35.00

No: _____

Issued: _____

MASSAGE THERAPY APPLICATION FOR PRELIMINARY EDUCATION CERTIFICATE

NOTE: Successful completion of a massage therapy program does not guarantee licensure. Persons convicted of a felony or misdemeanor may not be able to sit for a licensing exam or may have restrictions placed on their ability to practice. Each case is handled on an individual basis after a candidate applies to take a licensing examination and submits to a required background check.

TO BE COMPLETED BY APPLICANT

Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. § 1320a-7e(b), 5 U.S.C. § 552a, and 45 C.F.R. pt. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. § 608 and § 3123.50, O.R.C.) It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. § 11101 and 45 C.F.R. pt. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760. or 4762., O.R.C. or as otherwise required by state or federal law.

U.S. Social Security No.	_____		
Applicants Full Name (print clearly)	_____		
	Last	First	Middle
			Suffix (Jr., II)
Current Address	Number & Street		Date of Birth
	City	State	Zip Code
High School of Graduation			Date of Graduation
Signature of Applicant			Date

TO BE COMPLETED BY MASSAGE THERAPY SCHOOL

I hereby certify that I have checked the high school transcript of the above named applicant.
 GED transcript

I further certify that I have checked any name change documents with respect to any name changes the applicant may have. I hereby recommend the above applicant be granted a preliminary education certificate.

Date Classes Begin	month/day/year / /
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School Seal (If none, have form notarized)

Name and Address of Massage Therapy School	School Name:
	Street Address:
	City: State: Zip Code:
Signature of President, Dean or Secretary	
Print Name legibly	
Position	
Date	

MASSAGE THERAPY
PRELIMINARY EDUCATION APPLICATION INSTRUCTIONS

1. Complete the **MASSAGE THERAPY - APPLICATION FOR PRELIMINARY EDUCATION** in its entirety.
2. Submit a check or money order in the amount of **\$35.00** made payable to **Josh Mandel, Ohio Treasurer** with your application. **FEES SUBMITTED ARE NEITHER REFUNDABLE NOR TRANSFERABLE.**

Application Process

The application and appropriate fee must be received at the Board offices or postmarked no later than the first day the student attends classes. Failure of the student to submit the preliminary education application within the timeframe shall invalidate the hours earned in that academic term from the total required to qualify to sit for the licensing exam.

The application processing time is ordinarily 2-3 weeks after receipt of an application and fee by the Board. An incomplete application or any unusual circumstances may delay processing.

Preliminary Education Certificate

Upon issuance of an Ohio preliminary education number, a certificate will be sent to the student in approximately 2 to 3 weeks.

Please be advised that verification of the preliminary education certificate may also be obtained directly from the Board's website at <http://med.ohio.gov> in the "Licensee Profile and Status" section. The website is updated immediately to reflect newly issued preliminary education certificates.

The Board may randomly select applications for verification that all preliminary education requirements have been met. Students whose applications are selected shall submit additional documentation of compliance with the preliminary education requirements as the Board may require.



OHIO COLLEGE OF MASSOTHERAPY

225 Heritage Woods Drive, Akron, Ohio 44321

Phone: 330-665-1084 Fax: 330-665-5021

REQUEST FOR OFFICIAL HIGH SCHOOL TRANSCRIPT

NOTE TO APPLICANT: Complete the information below and take or mail it to your high school of graduation. Some schools may charge a fee. You may want to check with your school prior to sending this form to them.

Name: _____
Last First Middle Suffix (Dr., II

Date of Birth ___/___/___ Maiden Name: _____ Social Security #: ___-___-___

Address: _____

City

State

Zip

Name of High School: _____

High School Location: _____

City

State

Zip

___ Graduated ___ Will Graduate ___ Withdrew Date: _____

Signature of Applicant _____ Date _____

NOTE TO HIGH SCHOOL: Upon receipt of this form, please forward a copy of an official transcript for the above named student to:

Ohio College of Massotherapy
Attn: Admissions Department
225 Heritage Woods Drive
Akron, OH 44321

The transcript must include the following:

1. Total number of credit hours earned
2. Date of Graduation
3. Date of Birth
4. Either the school seal or an original signature of a school official (name stamps are **not** acceptable)

If all of the information is not included, the applicant will be requested to supply a new transcript. This will delay the applicant's request for a preliminary education number, which is required prior to enrollment in a Limited Branch School.