

OCM ONLINE INC.
225 HERITAGE WOODS DRIVE
AKRON, OH 44321

DATE REC'D _____
CHECK # _____
AMOUNT _____
****FOR OFFICE USE ONLY****

APPLICATION FOR ADMISSION

THIS APPLICATION IS TO BE COMPLETED IN DETAIL, SIGNED BY THE APPLICANT AND RETURNED WITH AN APPLICATION FEE OF \$25.00 (NON-REFUNDABLE).

-PLEASE PRINT-

E-MAIL ADDRESS _____

LAST NAME MAIDEN NAME FIRST NAME MIDDLE NAME

MAILING ADDRESS (PERMANENT): STREET NUMBER CITY STATE COUNTY ZIP CODE

SOCIAL SECURITY NUMBER BIRTH DATE PHONE NUMBER CELL PHONE#

****IN CASE OF EMERGENCY, PLEASE CONTACT****

LAST NAME FIRST NAME MIDDLE INITIAL RELATIONSHIP TO STUDENT

ADDRESS: STREET NUMBER CITY STATE ZIP CODE PHONE NUMBER

EMPLOYMENT HISTORY:

DATES EMPLOYER AND LOCATION JOB DUTIES

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

REFERENCES: PLEASE LIST THE NAMES AND ADDRESSES OF FOUR REFERENCES OTHER THAN FAMILY:

NAME ADDRESS CITY STATE ZIP CODE PHONE #

NAME ADDRESS CITY STATE ZIP CODE PHONE #

NAME ADDRESS CITY STATE ZIP CODE PHONE #

NAME ADDRESS CITY STATE ZIP CODE PHONE #

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

CITIZENSHIP _____

INDICATE SEMESTER DESIRED (MONTH/YEAR): _____

INDICATE FINANCIAL PLAN FOR PAYING YOUR TUITION:

FULL PAYMENT _____ MONTHLY PAYMENT PLAN _____ 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 WITH THE APPLICATION FEE OF \$25.00 (CASH NOT ACCEPTED)

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 _____

UPON RECEIPT OF YOUR APPLICATION FEE, AN ADVISOR WILL CONTACT YOU TO SCHEDULE A TELEPHONE CONFERENCE. PLEASE LIST THE BEST TIME TO CALL AND A CONTACT TELEPHONE NUMBER.

BEST DAY AND TIME TO CALL

TELEPHONE NUMBER



OCM ONLINE

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:

OCM ONLINE INC.
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.



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: _____

MESSAGE 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. § 686 and § 3129.50, 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
			month/day/year / /
	City	State	Zip Code
High School of Graduation			Date of Graduation
			month/day/year / /
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

Check only one

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 / /
--------------------	-----------------------

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 requires as the Board may require.

OCM Online

225 Heritage Woods Drive • Akron, Ohio 44321
(888)888-4325 • (330)668-6687 • Fax: (330)665-5021

www.ocm.edu

Qualifications Assessment Form

OCM Online has established criteria to evaluate an applicant's skills and competencies to succeed in online education and employment in the field. To determine your eligibility, please complete the form below. The results and conclusions will be mailed to you.

The information provided is confidential and establishes a guideline about your interests and potential. Scores do not guarantee success in the program nor placement in a job. There is no obligation to enroll.

SECTION I

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone() _____ Work Phone() _____
E-mail Address _____
Occupational Title _____
Name of College/School Previously Attended: _____

Do you wish to... (Check all that apply):

Change Careers Supplement Your Income Start Your Own Business

Are you motivated by... (Check all that apply):

Money Achievement Independence Helping Others Recognition Personal Fulfillment

SECTION II

Circle the number next to each statement which corresponds most closely to your belief:

(1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

- | | | | | |
|---|---|---|---|---|
| a) I set goals for myself and tend to live by them. | 1 | 2 | 3 | 4 |
| b) I can work independently. | 1 | 2 | 3 | 4 |
| c) I am good at prioritizing tasks. | 1 | 2 | 3 | 4 |
| d) I am comfortable using a computer. | 1 | 2 | 3 | 4 |
| e) I work well under pressure. | 1 | 2 | 3 | 4 |
| f) I use a computer on a daily basis. | 1 | 2 | 3 | 4 |
| g) I believe I am responsible for my own learning. | 1 | 2 | 3 | 4 |
| h) Professional growth is very important to me. | 1 | 2 | 3 | 4 |
| i) I am self motivated. | 1 | 2 | 3 | 4 |
| j) I require very little supervision. | 1 | 2 | 3 | 4 |
| k) I always meet deadlines. | 1 | 2 | 3 | 4 |
| l) I am confident of my ability. | 1 | 2 | 3 | 4 |
| m) I am able to handle constructive criticism. | 1 | 2 | 3 | 4 |
| n) I enjoy learning. | 1 | 2 | 3 | 4 |

Thank you for taking the time to complete this information, upon receipt additional information will be forwarded to you.

OCM ONLINE

225 Heritage Woods Dr, Akron, Ohio 44321 * Phone: 888-888-4325

Online Student Residential Intensives, Workshops and Final Exam Responsibilities

As a student enrolling/enrolled in the OCM Online , online Associates Degree Program, I understand that I will be required to attend certain classes/workshops and final exams (listed below) on campus. The campus is located in Akron, Ohio at 225 Heritage Woods Drive. Residential Intensives will also be offered in the Cincinnati area. The time I will be required to attend classes/workshops on campus will be determined by the scheduling that I agree to with the College through the Admissions office.

The on campus requirements for an Online Associate Degree Program student are as follows:

Residential Intensives – These are the hands on classes conducted in the first (1st) and second (2nd) semesters. These classes are given on the last four (4) weekends of the 1st and 2nd semesters. Semester one weekends will consist of Saturdays from 9 AM to 5 PM and Sundays from 9 AM to 1 PM (Except the last Sunday may run longer for the Final Exam). Semester two weekends consist of Saturdays from 9 AM to 6 PM and Sundays from 8 AM to 6PM (Except the last Sunday may run shorter for the Final Exam).

Myofascial Release – This will be a two (2) weekend class/workshop which is held at different weekends during the semester. You will be given the actual dates when you schedule your class/workshop. This class/workshop is given in the third (3rd) semester. These weekends consist of Fridays from 6 PM until 10 PM , Saturdays from 9 AM until 6 PM and Sunday from 9AM until 6 PM.

Precision Neuromuscular Therapy (PNMT) – This is a five (5) weekend class/workshop which is held at different weekends during the semester. You will be given the actual dates when you schedule your class/workshop. These class/workshops are given during the fourth (4th) and fifth (5th) semesters; three (3) are in the 4th semester and two (2) in the 5th semester. These weekends consist of Fridays from 6:30 PM until 9:30 PM, Saturdays from 9 AM until 5:30 PM and Sundays from 9 AM until 5:30 PM.

Final Exams – The Final Exams in the core courses (Anatomy, Physiology and Massage) are given on Campus on the last weekend of **each semester** (1st through 5th) on Saturday or Sunday from 9 AM until 2 PM as scheduled.

I _____ have read and fully understand my responsibilities of the on campus requirements for an Online Associates Degree Program student.

Student Signature

Date

What you need to be an Online Student

The following are the items you will need to perform all the requirements of an Online student.

Computer – Pentium class CPU (Pentium 3 highly recommended)
Windows 2000 or XP operating system
Modem with a minimum transfer rate of 56 Kbps.
Sound card, Headset with microphone
CD-ROM drive, 4x or higher
32 Megabytes of system RAM

Text books from the Book List for the appropriate semester and classes you are taking.

Good working knowledge of: your computer (what specifications for example, how much RAM, does it have a sound card, how to hook-up a headset and microphone, and such)
the operating system (for example- Windows XP or 2000 or ME then how to move around in it and enable or disable features and such).
the Internet Browser (for example Internet Explorer, Firefox, Opera, then how to move around in it and enable or disable features and such)

You need to be able to enable and disable your pop-up blocker, adjust firewall setting (if you have one), navigate the Internet (know what an address bar is, how to make a link, etc.) and all those other neat things the Internet encompasses.

If you have AOL as your internet service provider, you will need to know how to use get to and use the Microsoft version of Internet Explorer not the AOL version.

The discipline necessary to do the work needed to keep up with your studies. There is no one but yourself to make you sit down and do the work and to study.

You should have a dedicated quiet space and time to use your computer. The Kitchen table with the family and pets interrupting is not conducive to effective studying.

A clear understanding of a word processing program such as Microsoft Word (recommended) to compose and save your assignments.

The ability to use an email program such as Microsoft Outlook (recommended) including how to attach documents, filtering, address book, etc.

I understand all the above requirements and recommendations and by signing this agree to follow those requirements and recommendations.

Signature _____ Date _____

OCM ONLINE

ACKNOWLEDGEMENT OF PROGRAM'S RESPONSIBILITIES AND DEMANDS

Please complete the following assessment:

CIRCLE ONE:

- | | | | |
|-----|--|-----|----|
| 1) | I am prepared to study massage therapy via distance education..... | YES | NO |
| 2) | I am prepared to be responsible for my education. | YES | NO |
| 3) | I am prepared to prioritize my tasks to sufficiently apply my time to learning..... | YES | NO |
| 4) | I understand the curriculum involved in the massage program. | YES | NO |
| 5) | I understand the policy pertaining to assignments and make-up work..... | YES | NO |
| 6) | I understand the amount of time required to complete the courses..... | YES | NO |
| 7) | I understand the grading policy. | YES | NO |
| 8) | I understand the course objectives. | YES | NO |
| 9) | I understand the materials (books, computer...) which are necessary for completion of the course. | YES | NO |
| 10) | I understand my financial responsibilities. | YES | NO |
| 11) | I understand the mode of transmission of my course instruction..... | YES | NO |
| 12) | I understand the services available to me via computer/telephone..... | YES | NO |
| 13) | I understand that a portion of my "hands on" instruction will take place outside my home..... | YES | NO |
| 14) | I understand that I am responsible for taking the necessary licensure examinations..... | YES | NO |
| 15) | I understand the graduation requirements..... | YES | NO |
| 16) | I understand that a portion of the training will include Residential Intensives which will require I arrange transportation, housing and food during the training..... | YES | NO |

Student's signature

Date

Student's name (printed)