

**Illinois Valley Community College**  
**Therapeutic Massage Certificate Program**  
**Application for Admission**  
*Please type or print legibly*

**Personal Information**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Educational Information**

	<u>Institution</u>	<u>Area of Study</u>
High School:	_____	_____
College:	_____	_____
Graduate Study:	_____	_____
Certificate(s):	_____	_____

**Employment Information**

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Work Days/Hours: \_\_\_\_\_

**Massage Experience**

Previous massage or bodywork experience \_\_\_\_\_  
\_\_\_\_\_

Number of professional full body massages you have received \_\_\_\_\_

Number of informal partial or full body massages you have given to family and friends \_\_\_\_\_  
Please describe \_\_\_\_\_  
\_\_\_\_\_



**Essay**

On a separate sheet of paper please **type** a response to each of the following four (4) questions. Also, scoring will be based on proper spelling, grammar, sentence structure and flow of information. **Minimum length of essay must be 2 complete typed pages.**

1. Why do you wish to pursue and education and a career in professional massage therapy?
2. What skills, characteristics, and strengths do you possess that you believe will make you an exceptional massage therapist?
3. In what kind of setting are you interested in practicing massage therapy, and what type of clients are you interested in serving?
4. Please outline you TIME MANAGEMENT strategy in support of your commitment to Illinois Valley Community College's one year Therapeutic Massage Certification Program.

*I hereby certify that to the best of my knowledge, the information I have provided on this application is accurate and complete without evasion or misrepresentation. I understand that failure on my part to provide correct information is considered sufficient cause for reconsideration or rejection of my admission status, or forfeiture of continued enrollment in the Therapeutic Massage Certificate Program.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IVCC is an equal opportunity/affirmative action institution encouraging diversity. Its mission is to serve the needs of the learner and our diverse community by providing quality education, training and services that are accessible, affordable and promote lifelong learning.

Please return application to:

Admission Office  
Illinois Valley Community College  
815 N. Orlando Smith Ave.  
Oglesby, IL 61348