

RMT PROGRAM INFORMATION AND APPLICATION PACK



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WHY STUDY REGISTERED MASSAGE THERAPY AT KCCIHS?

Kootenay Columbia College of Integrative Health Sciences (KCCIHS) is a well-established school now in its 21th year (formerly known as the Academy of Classical Oriental Sciences) of PTIB accreditation (Private Training Institutes Branch). This standing means that our programs, instructors, and facilities are all government approved and regulated and that our students are eligible for student loans. Our Traditional Chinese Medicine graduates have successful practices all over



the world and KCCIHS is renowned for its comprehensive educational programs and its rigorous academic standards. Graduates of Kootenay Columbia College are consistently successful in passing their licensing exams in British Columbia, Alberta, and in the United States. Students come from all over to attend our programs: 7 provinces, 14 States and 10 countries, including Mexico, Argentina, England, France, Germany, Switzerland, Australia, Norway and Japan.

KCCIHS now offers a standalone two-year Registered Massage Therapy program under KCCIHS'S Registered Massage Therapy

Program. This intensive program runs over 6 semesters (90 weeks). At the end of the course, students will be eligible to write their licensing exams with CMTBC (College of Massage Therapists of BC).

Students enrolling in the massage program will receive intensive instruction, not only in massage therapy, but also in Anatomy & Physiology, Pathology, Orthopedics, and other Health sciences. Unique components of our program include the integration of Peace Studies into our Professional Development and Communication courses, as well as, innovative Self-care courses that are designed to connect students to the local community and allow them to learn through movement.

Why Nelson?

Location! Location! Location! Nelson, BC is a beautiful mountain town boasting some of Canada's most spectacular scenery, a vibrant arts culture, fantastic live music venues and festivals, world-class skiing, mountain biking, and spectacular hiking. Nature lovers will find no shortage of outdoor pursuits! Students with families find it an exceptional environment for raising children.

We have recently relocated to two magnificent heritage buildings on Baker Street -- the heart of downtown Nelson. These new locations offer an attractive and convenient setting for our student clinics, bookstore, and classrooms. Ask us for a tour!



PROGRAM DELIVERY

Kootenay Columbia Registered Massage Therapy Program is scheduled to be completed over approximately 22.5 months. The program consists of six fifteen-week semesters spanning over 90 weeks for about 3007.5 hours of instruction. There are breaks between semesters of approximately two weeks.

Typical classroom hours are:

8:00 am - 12:00 pm
1:00 pm – 5:00 pm

There are 10-minute breaks after every hour of instruction and a 1-hour lunch break each day.

PROGRAM FEES

REGISTERED MASSAGE THERAPY PROGRAM			
DOMESTIC FEES (2019)			
	YEAR 1	YEAR 2	PROGRAM TOTAL
APPLICATION FEE	\$150.00	N/A	\$150.00
STUDENT FEES & INSURANCE	\$567.50	\$567.50	\$1,135.00
SUPPLIES & MATERIALS	\$507.00	\$397.00	\$904.00
STUDENT RECORD ARCHIVING FEE	\$5.00	\$5.00	\$10.00
GRADUATION FEE	N/A	\$50.00	\$50.00
TUITION	\$15,000.00	\$15,875.00	\$30,875.00
TOTAL	\$16,229.50	\$16,903.50	\$33,133.00
TEXTBOOKS (*Prices quoted are for new textbooks)			Approx. \$3300 over 2 yrs
<i>*Textbook prices are approximate due to fluctuation of CDN/USD exchange rates etc.</i>			
PROGRAM CREDITS	102.0	98.5	200.5
PROGRAM HOURS	1,530.0	1,477.5	3,007.5
CLINICAL PLACEMENT HOURS	150	435	585.0
INTERNATIONAL FEES (2019)			
	YEAR 1	YEAR 2	PROGRAM TOTAL
APPLICATION FEE	\$150.00	N/A	\$150.00
STUDENT FEES & INSURANCE	\$567.50	\$567.50	\$1,135.00
SUPPLIES & MATERIALS	\$507.00	\$397.00	\$904.00
STUDENT RECORD ARCHIVING FEE	\$5.00	\$5.00	\$10.00
GRADUATION FEE	N/A	\$50.00	\$50.00
TUITION	\$18,000.00	\$19,050.00	\$37,050.00
TOTAL	\$19,229.50	\$20,069.50	\$39,299.00
TEXTBOOKS (*Prices quoted are for new textbooks)			Approx. \$3300 over 2 yrs
<i>*Textbook prices are approximate due to fluctuation of CDN/USD exchange rates etc.</i>			
PROGRAM CREDITS	102.0	98.5	200.5
PROGRAM HOURS	1,530.0	1,477.5	3,007.5
CLINICAL PLACEMENT HOURS	150	435	585.0

ADMISSIONS POLICY

The KCCIHS Registered Massage Therapy Program admits applicants who demonstrate commitment, preparation and a strong desire to enter the field of massage therapy. Candidates are also evaluated for emotional maturity and evidence of commitment to self-development, these being necessary requirements to safely and professionally practice registered massage therapy.

The applicants are provided with accurate information and are guided to ensure they make informed decisions about their program of study. The KCCIHS Registered Massage Therapy Program admission criteria are clearly and consistently applied. Admission procedures ensure students have the required language competencies (see Language Proficiency Assessment Policy), and the basic knowledge, skills and abilities to achieve program outcomes.

Students are provided with the following policies or documents before entering into any contract:

- a. Tuition and Refund Policy
- b. Dispute Resolution/Grade Appeal Policy
- c. Withdrawal Policy
- d. Dismissal Policy
- e. Admissions Policy
- f. Attendance Policy
- g. Program Outline
- h. Work Experience Policy
- i. Prior Learning Assessment Policy
- j. Language Proficiency Assessment Policy
- k. Credit Transfer Policy

Admission Prerequisites:

1. Grade 12 graduation or equivalent (BC High School Diploma, BC Adult Graduation Diploma, General Education Development – GEC, or an equivalent secondary school completion from another jurisdiction).
2. A sincere interest in Registered Massage Therapy.
3. Proficiency in oral and written English to the Grade 12 level. Students who have English as a second language may be required to provide evidence of proficiency in English (see Language Proficiency Assessment Policy).
4. Successful completion of the Weekend Introduction to Massage Therapy Workshop completed at KCCIHS (We will accept intro courses from other RMT schools).
5. Financial resources to complete the program.

Admission Requirements:

Refer to comprehensive list in Step 10 (Admission Requirements/Procedures) in this application form.

Additional program Requirement:

Standard First Aid Course certification – must be completed (at the expense of student) prior to Term 2 - Clinical Placement.

ADMISSIONS PROCEDURE

[In order to apply for our RMT program, please follow the steps below:](#)

- **Review Admission Requirements and Policy** below.
- **Complete the Application Form:** choose to complete this online or download a copy from our website. Follow the steps below as you complete your application, required documentation has been indicated below each section.
 - Please note that if you are completing the online application, all files can be uploaded at the end of the application process.
- **Complete an Introduction to Massage Workshop.** This is required before starting the program. Details about how to apply for this can be found online: www.kootenaycolumbiacollege.com/rmt-introductory-workshop
- Complete Standard 1st Aid with CPR level C (not occupational) before the end of semester 1. This can be taken through KCCIHS.

Application Form and Additional Documentation Required:

1. Personal Information: complete these details on the application form, ensuring we have relevant details to contact you
2. Education: list secondary and post-secondary schools and degrees directly on your application form
DOCUMENTATION:
 - Provide official transcripts from high school and post-secondary education. Transcripts must be either sent directly from the institution to KCCIHS or be enclosed in a sealed envelope from the institution and mailed/submitted by applicant.
3. Letter of recommendation:
DOCUMENTATION:
 - Two letters of recommendation are required from professionals with the following designations: teachers, principals, lawyers, doctors, massage therapists, pharmacists, law enforcement officer)
 - These should be sent directly to KCCIHS's Kootenay massage program (template included in Application form).

4. Related training/ Transfer Students / Upgrading students: Write about previous training in the massage therapy field directly on your application form

DOCUMENTATION:

- Related training: Provide documentation supporting previous training in the massage field
- Transfer students: Please include transcripts, curriculum, course descriptions and hours as well as course outlines for review.
- Upgrading students: Upgrading students please include CMTBC's CPLA documentation/results.
- If you are a licensed practitioner, please provide your registration number and jurisdiction.

5. Work experience:

DOCUMENTATION:

- Submit your current resume indicating volunteer and paid work

6. Interests: Write a short paragraph on the application form indicating what other interests you have.

7. Finances: Explain how you will finance yourself during this period on the application form. Indicate if you will be applying for a loan. Student Aid BC applications can be done online at <https://studentaidbc.ca/>. You can complete your application online with the information provided on your Student Enrolment Contract.

8. Personal Essay:

DOCUMENTATION:

- Upload your essay: In approx. 500 words explain why you want to become a massage therapist. As a guide, you could discuss how you envision your future as a health practitioner, what your experience has been of massage therapy, what are your expectations of becoming a full-time student, what have you appreciated about visiting massage therapists in the past and your career plans after completion of the course.

9. Criminal Record Check: Complete a criminal record check:
<https://justice.gov.bc.ca/eCRC/>
Access Code: B97KBCTESG

10. Physician's Certificate of Health:

DOCUMENTATION:

- Ask your physician to provide this (template included in Application form)

APPLICATION CHECKLIST

- Complete all sections of application form**
- Complete introductory workshop** or send application form to complete this at KCCIHS
- Pay the application fee** of \$150 along with submitting your application above
- Request **official transcripts** from your secondary and post-secondary institutions you have attended. Transcripts must be either sent directly from the institution to KCCIHS or be enclosed in a sealed envelope from the institution and mailed/submitted by applicant.
- Ask two relevant contacts to send **letters of recommendation** directly to KCCIHS
- Provide **details of relevant training/ transfer information / upgrading** information
- Submit **current resume**
- Upload **personal essay**
- Complete **criminal record check**
- Upload **certificate of health**

** The admission requirements cannot be waived by either the institution or the applicant.*

Next Steps

1. Upon receipt of your application, we will contact you to arrange a **Personal Interview**. Interviews may be held in person, via Skype / Facetime, or by telephone.
2. **Acceptance and Enrollment**. Once accepted into the program you will receive a welcome package which includes a student enrollment contract which will outline the total costs and financial policies for the respective academic year. Once reviewed, an applicant signs the contract and submits to KCCIHS along with a tuition deposit of \$500.
3. Order **Textbooks & Supplies**. Once enrolled, you will receive a textbook order form as well as a supply list to review (and mark your uniform size, etc.) and submit before classes commence.
4. Embark on your path as an RMT!

APPLICATION FORM:

Complete applications are reviewed on an ongoing basis throughout the year for entrance to the fall start in September as well as the winter start in January. Applicants are strongly urged to submit application materials as early as possible. Please contact us if you require assistance with this application.

I am interested in applying for the 2-year Massage Therapy Program:

September Intake

January Intake

I am a:

New Student

Transfer from _____

I am an RMT with the CMTBC in BC.

I apply as a:

Full time Student

Part Time Student

1. Personal Information

Full name: _____ Date of Birth: _____

Address: _____ City: _____

Province/State: _____ Postal Code: _____ Country: _____

Telephone (home): _____ Telephone (work): _____

Citizenship: _____ Email Address: _____

2. Education

Please list secondary schools and post-secondary schools and degrees in the space below. Official transcripts are required from High school as well as all other post-secondary education.

NAME OF INSTITUTION	PROVINCE/ STATE	FROM:	TO:	DEGREE/DIPLOMA EARNED

3. Two Letters of Recommendation

These should include teachers and/or other professionals (exclude relatives and close personal friends) who can comment on your potential as a health-care provider and on your ability to succeed in the program.

Name	Professional Title and Institution
1. _____	_____
2. _____	_____

4. Related Training / Transfer Students / Upgrading Students

Indicate previous training in the massage therapy field. Please provide relevant documentation. If you are a transfer student please include transcripts, curriculum, course descriptions and hours as well as course outlines for review. If you are a licensed practitioner, please provide your registration number and jurisdiction. Upgrading students please include CMTBC’s CPLA documentation/results.

5. Work experience

Submit your current resume indicating volunteer and paid work.

6. Interests

What do you like to do to balance your work/school life?

7. Finances

Explain how you will finance your tuition, books and supply costs and support yourself while attending the program.

KCC is fully accredited and designated for Canada Student Loans. Do you intend to apply for Canada Student Loans?

Yes

No

8. Personal Essay

On a separate page, please discuss the process and experiences that have led you to want to study Massage Therapy and how you envision your future as a health practitioner (about 500 words).

9. Criminal Record Check

Follow this link to complete the criminal record check:

<https://justice.gov.bc.ca/eCRC/>

Access Code: B97KBCTESG

10. Physician's Certificate of Health

Ask your physician to complete the template below

B. Sign

I am aware that if I am planning to be licensed by College of Massage Therapist of British Columbia I must apply to write the licensing exams. Please see CMTBC [website](#).

I hereby attest that all information provided in this application is true.

Signature of Applicant _____ Date _____

C. Send

Applications should be sent to:

EMAIL: registrar@kootenaycolumbiacollege.com

MAIL/IN PERSON: Attn: Registrar
2-560 Baker Street, Nelson, BC, V1L4H9

Toll free: 1-888-333-8868

Phone: (250) 352-1362

Fax: (250) 352-3458

NOTES:

*If you are submitting application and/or reference information by email or fax, please send the original copies in the mail

*Applicants are advised to familiarize themselves with the current curriculum via our website and/or the information package. All fees, terms, courses and financial policies are subject to change without notice.

*All materials filed in support of this application become part of your permanent, confidential record at KCCIHS they will not be returned, however copies may be requested by applicant.

PROFESSIONAL RECOMMENDATION FORM 1

This should include teachers and/or other professionals (exclude relatives and close personal friends) who can comment on your potential as a health-care provider and on your ability to succeed in the program at KCCIHS.

_____ {Applicant's Name} is applying for admission to the Kootenay Columbia College of Integrative Health Sciences Registered Massage Therapy (RMT) Program.

KCC seeks students who show promise of becoming dedicated, responsible and compassionate health-care professionals. To succeed as a health-care practitioner, students must have academic and personal strength, moral character, commitment and the business skills necessary to succeed professionally.

Please help us assess the applicant's strengths, weaknesses, and moral character with regards to graduate study and eventual career as a health-care provider by answering the following questions. Please feel free to attach additional paper if necessary or write a recommendation in the form of a letter.

1. How long have you known the applicant, and what is the nature of your association?

2. Contact Information (phone and email):

3. Please evaluate the applicant on the following attributes:

Communication and interpersonal skills

Academic ability

Organizational skills and ability to set and pursue long-range goals

Personal, moral and ethical integrity

Degree of self-knowledge and commitment to personal growth

Name [print] and Signature

Date

PROFESSIONAL RECOMMENDATION FORM 2

This should include teachers and/or other professionals (exclude relatives and close personal friends) who can comment on your potential as a health-care provider and on your ability to succeed in the program at KCCIHS.

_____ {Applicant's Name} is applying for admission to the Kootenay Columbia College of Integrative Health Sciences Registered Massage Therapy (RMT) Program.

KCC seeks students who show promise of becoming dedicated, responsible and compassionate health-care professionals. To succeed as a health-care practitioner, students must have academic and personal strength, moral character, commitment and the business skills necessary to succeed professionally.

Please help us assess the applicant's strengths, weaknesses, and moral character with regards to graduate study and eventual career as a health-care provider by answering the following questions. Please feel free to attach additional paper if necessary or write a recommendation in the form of a letter.

1. How long have you known the applicant, and what is the nature of your association?

2. Contact Information (phone and email):

3. Please evaluate the applicant on the following attributes:

Communication and interpersonal skills

Academic ability

Organizational skills and ability to set and pursue long-range goals

Personal, moral and ethical integrity

Degree of self-knowledge and commitment to personal growth

Name [print] and Signature

Date

STATEMENT OF HEALTH

To be completed and signed by a Physician (Western, Traditional Chinese Medicine or Naturopathic physician); **severe allergies must be noted.**

I have carefully examined Mr. / Mrs. / Ms. _____

Based on the examination, I certify that:

He/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a student attending a Registered Massage Therapy program.

I have observed the following:

Name of Physician: _____

Length of therapeutic Relationship: _____

Signature of Physician:

Clinic Location/Stamp:

Date:
