

Massage Therapy Program Application & File Checklist

Today's Date _____ SSN# _____ GCID _____

Last Name _____ First Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency contact

Name _____ Phone _____

Required Documents and Information needed 1 weeks prior to enrollment

- | | |
|---|--|
| <input type="checkbox"/> Copy of Govt. Issued ID Cards or Driver License& SS <i>(Name on SS & TDL must match exactly and be signed)</i> | <input type="checkbox"/> Copy of HIPPA Training Module |
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Copy of Immunization Record <i>(Under 22 years of age Meningitis)</i> |
| <input type="checkbox"/> Official High School Diploma/ GED Transcript | <input type="checkbox"/> Copy of CPR CARD (must be Healthcare Providers CPR) |
| <input type="checkbox"/> Acknowledge TDLR Criminal History & Background Check | |

Please read and review ALL pages of the Massage Therapy Program Application Packet. Should you have any questions about the Massage Therapy Licensure Program or have any questions prior to submitting your application, please contact the Program Coordinator at Department of Continuing Education, 409-944-1344 or AHarkins@gc.edu.

Additional information about the Massage Therapy Program is available at www.gc.edu/massage

For students in this program who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas for this program. If you have a question about your background and licensure, please speak with the program coordinator. You also have the right to request a criminal history evaluation letter from Texas Department of Licensing and Regulation (TDLR) will review your criminal history to determine receiving or renewing a license. This should be completed prior to enrollment in the program. Please visit this website (<https://www.tdlr.texas.gov/crimHistoryEval.htm>) to check if you have ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or pleaded guilty or no contest "nolo contendere" (resulting in a deferred adjudication) to any in state, out of state or federal criminal offense.

To begin the program, you must submit this page of the packet along with the required documents and information.

Background Check: A background check from the Texas Dept. of Public Safety is required for Galveston College's Massage Therapy Program. Please go to the Texas Department of Public Safety (DPS) website, www.dps.texas.gov, to obtain instructions on how to request a criminal history check.

The approximate cost for getting a background check is about \$3.57 for each last name of the applicant and must be turned in with the application packet.

I UNDERSTAND THAT I MUST PROVIDE A PRINT OUT OF MY BACKGROUND CHECK (Please initial) _____

RELEASE STATEMENTS

1. I, _____, in caring for clients during my internship hereby release and discharge Galveston College employees from all liability to me for all injury, exposure or damage arising from health risks of caring for patients during my internship, during scheduled class or practicum. I understand that I may be exposed to communicable diseases (including blood borne pathogens) or personal injury. I am aware of the health risks for caring for such clients.

(Please initial) _____

2. I am also aware that it is required by the Galveston College, Continuing Education Department, who oversee the Massage Therapy Program, that I have the required immunizations before my internship. I understand that I will not be allowed to conduct internship, if I do not have the required immunizations.

(Please initial) _____

3. I understand and consent that my records may be shared with the TDLR and FSMTB, and understand that my academic performance in this course may be shared with other agencies who may fund my tuition

(Please initial) _____

4. I understand that I am expected to wear black scrubs during any clinical exercises and that I will be expected to purchase my textbook, and massage equipment, linens and tools.

(Please initial) _____

Applicant's Statement:

I certify that I have read the above statements and that by initialing my name constitutes that I agree with the above statements. If accepted into the Galveston College, Massage Therapy Program, I agree to abide by the rules set forth by the school and the program.

Student Signature _____

Date _____

MASSAGE THERAPY PROGRAM REQUIREMENTS

PLEASE SIGN THIS DOCUMENT AND RETURN TO THE CE OFFICES ALONG WITH ATTACHED DOCUMENTATION

**ALL documentation must be submitted to the Continuing Education department at least
1 Week Prior to Class Start Date**

The penalty for falsifying information on your application is immediate withdrawal without a refund.
This form must be signed by ALL students and placed in the student's file.

The following documentation is required for admission to a Galveston College Massage Therapy Program and must be received prior to class starting:

- **Proof of High School Completion**
- **Copy of Current State ID or Driver's License AND copy of Social Security Card.**
Your name on these methods of Identification must match exactly. Or you may not be able to take your certification examination upon the completion of your course.
- **Complete Texas Department of Public Safety (DPS) Background Check at website:**
www.dps.texas.gov
- **Understand Texas Department of Licensing and Regulations require criminal evaluation.**
The following may disqualify an individual from this program: felony convictions, misdemeanor convictions involving crimes against persons: felony deferred adjudications for the sale possession, distribution, or transfer of narcotics or controlled substance; and registered sex offender. **Please visit the link:**
www.tdlr.texas.gov/crimHistoryEval.htm
- **Documentation of immunizations, as listed on the attachment.**
ALL must be completed prior to enrollment.
- **Healthcare Providers BLS' CPR card is required prior to internship.**
- **Copy of Completion HIPAA Training Module at website:**
www.hhs.gov/hipaa/for-professionals/training/index.html

House Bill 1508 Statements

Continuing Education Texas Department of License and Regulations (TDLR) and Federation of State Massage Therapy Boards (FSMTB) MBLEx (Massage Therapy Programs): The Galveston College Continuing Education Healthcare Programs offer certifications through the Texas Department of License and Regulations (TDLR) and MBLEx. Students may pursue a certification upon successful completion of course material and any clinical requirements. Students must have a high school diploma or GED and be 18 at the time of licensing exam. A provision certification is given to those who are enrolled as part of a high school pathway. This provisional certification is good for 13 months following the date of the exam. Final certification is only awarded upon proof of high school completion. Individuals who have been convicted of certain offenses may be ineligible to obtain employment with local area businesses.

For additional information regarding TDLR certification please refer to the Candidate handbook at:
<https://www.tdlr.texas.gov/mas/masapply.htm>

For additional information regarding MBLEx certification please refer to the Candidate handbook at:
<https://www.fsmtb.org/mblex/mblex-application/>

IMMUNIZATION REQUIREMENTS

To protect your health and the health of patients, the State of Texas requires that all students in direct contact with patients, have obtained the immunizations below. Galveston College must also abide by any additional requirements requested by the clinical facility. It is the student's responsibility to obtain all immunizations in the proper timeframes, students will not be allowed to enroll or begin internship unless all requirements are satisfied.

**Immunizations are required for all students under 22 years of age AND must be completed BEFORE a student may participate in any patient care activity.
Incomplete applications, as reflected by missing items from the checklist, will not be accepted!**

Students must notify Galveston College Continuing Education of any change in applicant data. Failure to do so may result in withdrawal of permission to register in the class or the inactivation of the application.

- Bacterial Meningitis: Required for all students under the age of 22
- Influenza: Strongly recommended, but not required

I hereby certify that the information contained in this document is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission to the Health Care Program and/or expulsion from the College. I understand that faculty and staff of the Galveston College Continuing Education and Professional Development Center will read the information contained in this application.

Student Signature _____

Date _____

Please return this completed form to [Galveston College - Continuing Education](#)
4015 Avenue Q | Galveston, TX 77550 | 409.944.1344