**Moua Institute of Massage**

**Financing Options List**

**Workforce Innovation Opportunities Act:** We are education providers for the Workforce Innovation Opportunities Act. Individuals who qualify may have part or all their education costs covered. To apply contact:

**Job Service Miles City**

(406)232-8340

[milescityjsc@mt.gov](mailto:milescityjsc@mt.gov)

12 N. 10th Street

Miles City, MT 59301

**Vocational Rehabilitation:** We are a recognized educational institution by the Vocational Rehabilitation program in Miles City. Individuals who qualify may have part or all their education costs covered. To apply contact:

**Vocational Rehabilitation**

(406)232-0583

[www.Dphhs.mt.gov](http://www.Dphhs.mt.gov)

114 N. 7th St.

Miles City, MT

**Tuition Financing:** Students who need assistance may enroll in our tuition financing. Payments are $1,000/month for the first 9 months of the program. Payments are secured through auto-pay. A valid debit/credit card must be kept on file. Students must meet all financial and educational obligations prior to receiving their transcripts.

**Partial Work-Study:**  Students who need assistance may enroll in our Partial Work-Study. Payments are $500/month for the first 9 months of the program. Payments are secured through auto-pay. A valid debit/credit card must be kept on file. Students must also commit to 90 additional clinic hours, totaling 190 clinic hours for the program. Students must meet all financial and educational obligations prior to receiving their transcripts.

**Full Work-Study:** Students who need assistance may enroll in our Full Work-Study. Payments are $0/month. A valid debit/credit card must be kept on file. Students must commit to 180 additional clinic hours, totaling 280 clinic hours for the program. Students must meet all financial and educational obligations prior to receiving their transcripts.

**Note: Students may buy out their financing contracts at any time during the program. Students will still need to complete all educational and clinic hours required for state licensure.**

**Massage Therapy Program Application**

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| **Incomplete applications will be returned to the student,** and can be resubmitted only after they are complete. A future seat will be slotted once the applicant meets the criteria for admission.  Submit a completed application to the Moua Institute of Massage Admissions office or via email to  McQueen Moua, Admissions Counselor, at [admissions@mouainstituteofmassage.com](mailto:admissions@mouainstituteofmassage.com) |

**Demographic Information**

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| **Last Name** | **First Name** | **Middle** |
| **Address** | **City** | **State** |
| **Zip Code** | **County** | **SSN** |
| **Home Phone** | **Cell Phone** | **Email Address** |

The mailing address you provide on this application will be your address of record. It is your responsibility to notify the admissions office of name, address, and phone number changes.

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| By signing below, I agree/understand the following:   1. My email address is required for correspondence with the Moua Institute of Massage 2. I have submitted a copy of my high school diploma or equivalent 3. If information is missing from my application or file, (including high school diploma or equivalent) it will NOT be processed and will be returned to me. Incomplete applications will NOT be considered 4. I understand that I must maintain at least a 2.0 GPA in each course to graduate 5. I understand that by signing my name below, it will be considered my signature.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Background Information**  Submit and explanation of questions for which you answer “yes” and provide documents relating to your answer to the Moua Institute of Massage Admissions Office.  **Do not write explanation(s) on the application.**   |  |  |  | | --- | --- | --- | | **\_\_\_\_YES** | **\_\_\_\_\_NO** | Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes, provide a written explanation and all relevant documents relating thereto. | | **\_\_\_\_YES** | **\_\_\_\_\_NO** | Have you ever been convicted of a crime, driving while intoxicated, or impaired (either alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes, provide a written explanation and all relevant documents relating thereto. | | **\_\_\_\_YES** | **\_\_\_\_\_NO** | Have you ever surrendered your driver’s license or had such a license suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. | | **\_\_\_\_YES** | **\_\_\_\_\_NO** | Have you ever surrendered a professional license, certification, or registration, or had one restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. | | **\_\_\_YES** | **\_\_\_\_\_NO** | Have you ever been placed on professional probation, had conditions or limitations placed on your ability to work even if your license had not been restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. | | **\_\_\_\_YES** | **\_\_\_\_\_NO** | Have you ever had your clinical privileges at any office or facility restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. |   **Note: Licensing boards for certain healthcare occupations, including massage therapy, may deny, suspend, or revoke a license, or may deny the individual the opportunity to sit for an examination even if the individual has completed all program coursework if it is determined that an applicant has a criminal history, is convicted, pleads guilty, or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact national certifying boards for your program of interest.**  **Please review prior to submitting this application. This application must be completed entirely.**  **I understand that by filling in my name below, it will be considered my signature.**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOTICE OF DISCRIMINATION: Moua Institute of Massage is an equal opportunity institution. Any complaints concerning sexual assault, sexual misconduct, discrimination or harassment should contact Dr. Melissa Moua at**  **(406)234-6467.** |

**Financing Contract**

Qualifying students may enroll in our financing program. **Note: Student’s tuition must be paid in full prior to receiving official transcripts.**

**Price Breakdown**

1. $1500 is collected at the time of enrollment unless a payment agreement has been signed.

a. $50 Application Fee

b. $200 Enrollment Fee

c. $1250 Enrollment Kit

2. $1,000/month will be deducted from the student’s credit/debit card on file for 9 months, or until the tuition has been paid in full. **Note: If a student cannot pay tuition, he/she must discuss with the admissions counselor about other payment arrangements.** These payment arrangements will be considered on a case-by-case basis. This agreement does not guarantee alternate financing options. If the student is unable to pay tuition, the end result could be removal from the massage program. Program cost is nonrefundable. \_\_\_\_\_\_\_ (IN)

3. Total cost for tuition and fees is $10,500.00, which must be paid in full prior to receiving official transcripts. \_\_\_\_\_\_\_\_ (IN)

4. Students who withdraw from the program, either by personal choice or expulsion, will still be required to pay the remaining balance on their tuition. \_\_\_\_\_\_\_\_ (IN)

**Financing Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the terms listed above for the Moua Institute of Massage Financing Program, I understand that by signing this contract, I am enrolling in the Moua Institute of Massage Financing Program, and I am required to complete the terms listed above.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admissions Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partial Work-Study Program**

Students who require assistance with financing may enroll in our partial work-study program. To qualify for this program, students must commit to an additional 90 clinic hours, totaling 190 clinic hours throughout their program. Additionally, students must commit to paying $500/month for the first 9 months of the program. This will be deducted each month on the date specified by the student from the credit/debit card kept on file. **Note: Clinical hours are only accumulated when massaging clients, not during downtime or class time.**

**Price Breakdown**

1. $1500.00 is collected at the time of enrollment unless otherwise specified.

a. $50 Application Fee

b. $200 Enrollment Fee

c. $1,250 Enrollment Kit

2. $500/month for 9 months. Students must sign up for auto-pay using the credit/debit card on file.

3. 90 Clinic-Hour Commitment to Cover the Remaining Cost of Tuition.

4. 100 Clinic-Hour Commitment to Meet State Requirements.

5. Students who withdraw from the program, either by personal choice or expulsion, will still be required to pay the remaining balance on their tuition.

**Partial Work-Study Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the terms listed above for the Moua Institute of Massage Partial Work-Study Program. I understand that by signing this contract, I am enrolling in the Moua Institute of Massage Full Work-Study Program, and I am required to complete the terms listed above.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admissions Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Work-Study Program**

Students who require assistance with financing may enroll in our full work-study program. To qualify for this program, students must commit to an additional 180 clinic hours, totaling 280 clinic hours throughout their program. **Note: Clinical hours are only accumulated when massaging clients, not during downtime or class time.**

**Price Breakdown**

1. $1500.00 is collected at the time of enrollment unless otherwise specified.

a. $50 Application Fee

b. $200 Enrollment Fee

c. $1,250 Enrollment Kit

2. 180 Clinic-Hour Commitment to Cover the Cost of Tuition.

3. 100 Clinic-Hour Commitment to Meet State Requirements.

4. Students who withdraw from the program, either by personal choice or expulsion, will still be required to pay the remaining balance on their tuition.

**Full Work-Study Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the terms listed above for the Moua Institute of Massage Full Work-Study Program. I understand that by signing this contract, I am enrolling in the Moua Institute of Massage Full Work-Study Program, and I am required to complete the terms listed above.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admissions Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment Kit Agreement**

Enrollment Kit Includes the Following Items:

* All Required Textbooks
* Massage Table
* One Gallon of Biotone Massage Lotion
* One Holster & 2 Lotion/Oil Bottles
* Essential Oils Kit
* Cupping Kit
* Hot Stones Kit

**Paid in Full Option:** Total Cost for the Enrollment Fee is $1500.00

**Pay-As-You-Go Option:** Students have the Pay-As-You-Go option. With this option, students will pay for the textbooks and items required prior to each course beginning in the program. $250/month will be deducted from the student’s credit/debit card on file.

Students may keep their Enrollment Kit once they complete the Massage Program, and all financial obligations are met.

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| **Enrollment Kit Option**  **(Initial the Enrollment Kit Option)**  \_\_\_\_\_\_ **Paid-In-Full Option $1500**  **\_\_\_\_\_\_ Pay-As-You-Go Option $250/month charged for the first six months of the program.**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the terms listed above for the Moua Institute of Massage Enrollment Kit Agreement. I understand that by signing this contract, I am enrolling in the Moua Institute of Massage Enrollment Kit Agreement, and I am required to complete the terms listed above.  Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Admissions Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Enrollment Kit Payment Plan**

(Please initial at the end of each bullet point, and sign at the bottom of the page)

* The cost of the enrollment kit may be broken down into five payments of $250, to be paid over the first six months of the program. These $250 payments will be charged to the student’s credit/debit card on file at the beginning of months 1-6 of their program. At which point the enrollment kit will be considered paid in full by the student. \_\_\_\_\_\_\_(IN)
* Students may keep the items of their enrollment kit upon completion of the massage program and after all financial obligations to Moua Institute of Massage have been met. Students who do not complete the program or meet the financial obligations to Moua Institute of Massage will not get to keep any of the items in the enrollment kit. \_\_\_\_\_(IN)
* The enrollment kit fee is considered a deposit for the massage program and is non-refundable. \_\_\_\_\_\_\_ (IN)
* If a student misses a payment, they will not receive the items from that month, until the payment has been made. *(This could make the massage program more difficult) \_\_\_\_*(IN)
* Any enrollment kit items damaged prior to completion of the program and all financial obligations met by the student due to neglect and misuse will be replaced by said student. This includes items belonging to other students and staff. \_\_\_\_\_\_(IN)

**Enrollment Kit Payment Plan Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the terms listed above for the Moua Institute of Massage Enrollment Kit Payment Plan Agreement. I understand that by signing this contract, I am enrolling in the Moua Institute of Massage Enrollment Kit Payment Plan Agreement, and I am required to complete the terms listed above.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admissions Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Massage Curriculum**

Introduction to Massage/Swedish/Chair…………………………………40 Hours/10 Days

Ethics………………………………………………………….……………20 Hours/5 Days

Anatomy…………………………………………………………………….40 Hours/10 Days

Physiology………………………………………………………………….40 Hours/10 Days

Practical Anatomy and Physiology……………………………………….60 Hours/15 Days

Pathology...…………………………………………………………………40 Hours/10 Days

Deep Tissue………………………………………………………………..40 Hours/10 Days

Special Populations………………………………………………………..20 Hours/5 Days

Aromatherapy………………………………………………………………20 Hours/5 Days

Acupressure……………………………………………………………..…40 Hours/10 Days

Reflexology…………………………………………………………………40 Hours/10 Days

Shiatsu………………………………………………………………………40 Hours/10 Days

Kinesiology…………………………………………………………………40 Hours/10 Days

Sports Massage…………………………………………………………...40 Hours/10 Days

Spa Treatments…………………………………………………………….20 Hours/5 Days

Self-Care…………………………………………………………………….20 Hours/5 Days

Cupping……………………………………………………………………..20 Hours/5 Days

Clinical Massage…………………………………………………………...20 Hours/5 Days

Thai Massage………………………………………………………………20 Hours/5 Days

Business Management……………………………..……………………..40 Hours/10 Days

**Total Program Length = 44 Weeks + Remaining Clinic Hours After Course Completion Massage Therapy Program Requirements 620 Instructional Hours/100 Clinical Hours**

**2024/2025 Academic Calendar**

**Course Title Course Schedule**

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| **Introduction to Massage/Swedish July 30th – August 14th** |
| **Ethics of Massage August 15th – August 22nd** |
| **Anatomy and Physiology August 23rd – September 26th** |
| **Practical Anatomy and Physiology September 27th – October 23rd** |
| **Pathology October 24th – November 8th** |
| **Deep Tissue November 12th– November 27th**  Thanksgiving Break November 28th – December 2nd |
| **Special Populations December 3rd – December 10th** |
| **Aromatherapy December 11th – December 18th**  Holiday Break December 19th – January 6th |
| **Acupressure January 7th – January 22nd** |
| **Reflexology January 23rd – February 7th** |
| **Shiatsu February 11th – February 26th** |
| **Kinesiology February 27th – March 14th** |
| **Sports Massage March 18th – April 2nd** |
| **Spa Treatments April 3rd – April 10th** |
| **Self-Care April 11th – April 18th** |
| **Cupping April 22nd – April 29th** |
| **Clinical Massage April 30th – May 7th** |
| **Thai Massage April 8th – May 15th** |
| **Business Management May 16th – June 3rd** |