



205 N 7<sup>th</sup> Street Opelika, AL 36801  
www.betterbodiesclinic.com

## **Admissions Requirements and Procedures**

This is your first step toward a rewarding career in therapeutic massage. We accept applications online, by mail, or in person. A prospective student for our certification program must demonstrate personal efficiency, responsibility and thoroughness by completing and submitting the following.

- Complete an application and submit your application fee of \$100.00
- Complete the Personal Information Sheet
- Turn in two References
- Turn in a copy of your valid state/federal ID and social security card
- Be a high school graduate or have passed a high school equivalency exam and submit a high school diploma or transcript specifying date of graduation, GED copy, and/or a completed Associates (or higher) transcript/degree from an accredited college or university attended
- Be in good health; physically and emotionally
- Be 18 years of age upon school beginning
- Be mature and professional and meet the program's responsibilities and demands
- Attend an admissions interview and a tour of the school and clinic. The purpose of the interview is to review the submitted paperwork and discuss our program in detail.
- Applicants should allow at least an hour for the interview and be prepared to ask any questions they may have. The interview should be scheduled within two weeks of the application date.

*An Admissions Representative will contact you within 48 hours to schedule an admissions interview and tour.*

## **Transfer of Credit**

BBMI does not guarantee transferability of credits to any other college, university or institution and it should not be assumed that any course or programs can be transferred to another institution. Any decision on the comparability and applicability of credit or clock hours and whether they may be accepted is the decision of the receiving institution.



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**Please print and answer all questions**

Legal Full Name: \_\_\_\_\_

Maiden/Other Names Used: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a citizen of the U.S.? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations?)

*\*Not disclosing a criminal record may prevent you from becoming state licensed.*

Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a physician for any mental illness or disorder?

Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about Better Bodies Massage Institute (BBMI)?

\_\_\_\_\_  
\_\_\_\_\_



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Emergency Contact: - Identify two (2) people to be contacted in case of an emergency:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Technical standards (Please Initial)

A student must possess the following abilities, with or without reasonable accommodation, for completion of the professional certificate program in massage therapy:

\_\_\_\_ Ability to apply massage and adjunctive techniques over the full range of a client's body, including positioning clients, palpating, feeling with hands and fingers, pushing, pulling, kneading, grasping, twisting wrists and lifting to 10 pounds, for periods of up to 90 minutes without interruption.

\_\_\_\_ Ability to determine depth and intensity of manual pressure and force, as applied in the performance of common massage and adjunctive procedures and techniques.

\_\_\_\_ Ability to see and hear, with or without reasonable accommodation, enough that the student can receive and record client histories, document treatment plans, provide instructions to clients and provide routine client safety services.

\_\_\_\_ Ability to perform in all laboratory and clinical settings without posing a threat to herself/himself, to the safety and well-being of fellow students or clients.

\_\_\_\_ Ability and willingness to receive massage and adjunctive treatment. Much of the technical instruction in the programs requires reciprocal application of the techniques of massage therapy, including trigger point therapy and cross fiber friction. In reciprocal laboratory experiences, receiving techniques is necessary in order to learn proper procedures and to receive and provide learning feedback. Reciprocal application of technique is also useful for developing sensitivity to client needs. The school may temporarily excuse a student from receiving massage therapy if there is a specific medical contraindication, as determined in writing by a licensed healthcare professional.



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**Highest Level of Education:** (Circle one please)

GED    Highschool    Some College    College    Degree    Advanced Degree

**Do you intend to ask for transfer credit consideration?** Yes    No

**The “Getting to Know You” Questions:**

Do you have previous experience in massage, skin care or personal training? If yes, please describe. If no, why massage school?

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What are your professional goals regarding massage therapy?

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An intensive program in this field can bring many personal issues to the surface. Since the school does not provide counseling or psychotherapy, it is important that you begin to consider developing or maintaining a support system. In what ways do you currently find support for yourself and/or explore issues of personal growth?

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Medical Information: Describe any disability, physical condition, medical condition and/or psychological condition that may require special accommodations or inhibit your ability to perform massage or attend school (specify medications you are taking and check all the conditions that apply):

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Cardiac or Circulatory Problems: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Broken Bones: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_ Low Blood Pressure: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Depression: \_\_\_\_\_

Recent Surgeries: \_\_\_\_\_ Other: (Specify) \_\_\_\_\_



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Do you have, or have you had any drug or alcohol habits? Yes or No. If yes, please explain.

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I certify that the above information in my admissions application is correct and complete to the best of my knowledge. I understand that providing false information can result in dismissal from the program or denial of admission.

I enclose, along with this application, a non-refundable application fee of \$100, a copy of my recent photo ID and the promise to pay the balance of my admission fee 10 days prior to school beginning.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

We look forward to meeting with you! Contact us at the number below with any questions you may have.

Best Wishes,

Leigh Anne Clark LMT

Admissions Director Admissions Representative

Better Bodies Massage Institute



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## Personal Statement

Please write or video a paragraph or so in answer to each question below:

- 1 How did you become interested in the field of massage therapy? What are your career goals in massage therapy?
- 2 How do you learn best? Do you have any learning disabilities or special needs?
- 3 How would you describe your emotional and physical readiness to engage with the School's learning process? Discuss both strengths and weaknesses.
- 4 An intensive program in massage therapy may bring personal issues to the surface. How do you practice self-care in your physical, emotional and spiritual life?
- 5 What supports you?
- 6 Will you be able to continue this process of self-care while attending this program?
- 7 Can you identify areas that need more focus or improvement?

Describe your experience with meditation and/or mindfulness practices.

- 1 How do you resolve conflict in your life?
- 2 How do you plan to meet your tuition requirements and take care of yourself financially while you attend school? Please be specific.

You may either hand-write or video your personal statement and mail to Admissions at the address above, or type and email to [laclark@betterbodiesal.com](mailto:laclark@betterbodiesal.com).

\*Applications remain active 6 months after submission.

\*Application fee of \$100 non-refundable\*

### Financial Obligations: Enrollment and Tuition:

\$ 100.00	Application Fee
\$2500.00	Enrollment*
\$5000.00	Tuition
<u>\$2125.00</u>	<u>Lab/Clinic Fee</u>
<b>\$9725.00</b>	<b>TOTAL</b>

\*Non-Refundable Enrollment due Sept. 1, 2021 \*Balance is due in full by September 10, 2021 unless payment arrangements have been made.



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Total Amount Enclosed \$ \_\_\_\_\_

Enrollment Fee \$ \_\_\_\_\_

Tuition and Lab Fees \$ \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_ (MC/Visa/AMEX 3.5% charge for Credit Card)

Name on credit card \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip Code \_\_\_\_\_ CVV# \_\_\_\_\_

Massage Certification Program 700 Hours      Start Date \_\_\_\_\_

**\*Tuition and all school fees must be paid by graduation. No transcript or diploma will be released if a student retains a negative balance**

**\*Please make money order or cashier's check out to Better Bodies Massage; CC transactions have a 3.5% service fee**



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## RECOMMENDATION FORM 1

Applicant: Please complete the information requested below. References must be from persons who are not related to you and have known you for at least one year. Please return this form by email or snail mail: 1010 Renfro Ave Opelika, AL 36801 or laclark@betterbodiesal.com

\*Applicant Name: (Please Print)

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The Family Education Rights and Privacy Act (USA) permits us to request, but not require, that you waive your right to inspect this evaluation. If you elect to waive your rights of access and review, please sign your name below.

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

### To the Person Writing the Recommendation

*Thank you for taking the time to complete this form. There are challenges, both personal and academic, that face students during this program. We look for candidates who can successfully meet these challenges both in school and as a professional. Please assess the applicant's qualifications and answer the following questions candidly.*





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Your Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

What do you perceive to be the applicant's strengths, quality of intention and character about pursuing a career in the healing arts?

\_\_\_\_\_

Please discuss anything that you feel will interfere with the applicant's academic pursuits or ability to work as a massage therapist as a healing arts practitioner?

\_\_\_\_\_

Please review the applicant on the following:

	Excellent	Good	Average	Below	Unable to Assess
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance in working toward personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Please discuss anything that you feel will interfere with the applicant's academic pursuits or ability to work as a massage therapist/healing arts practitioner.

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I recommend this applicant for acceptance \_\_\_\_

I recommend this applicant with reservations \_\_\_\_

I do not recommend this applicant \_\_\_\_

Additional Comments:

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Please attach an additional page if you need more space for comments.

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

Better Bodies Massage Institute  
205 N 7<sup>th</sup> Street  
Opelika, AL 36801  
334-737-1400  
www.betterbodiesclinic.com  
betterbodiesal@gmail.com



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## RECOMMENDATION FORM 2

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Your Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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Please review the applicant on the following:

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Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance in working toward personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Please discuss anything that you feel will interfere with the applicant's academic pursuits or ability to work as a massage therapist/healing arts practitioner.

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- I recommend this applicant for acceptance \_\_\_\_\_
- I recommend this applicant with reservations \_\_\_\_\_
- I do not recommend this applicant \_\_\_\_\_

Additional Comments:

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Please attach an additional page if you need more space for comments.

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

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