



Massage Institute

Better Bodies. Better Communities. Better Lives.

Established 2014

406 S 7th 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.

- Complete your application and enrollment agreement.
- Make a copy of your valid state/federal ID
- 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
- Call 334-737-1400 to schedule an admissions interview and tour the school and clinic. The purpose of the interview is to submit your 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.

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.

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: _____



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Date of Birth (MM/DD/YY): _____ Age: _____

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)?

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

1.Name _____ Relationship _____ Phone _____

2.Name _____ Relationship _____ Phone _____



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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.

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



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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?

What are your professional goals regarding massage therapy?

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?

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):

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.

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 with any questions you may have.

Best Wishes,

Leigh Anne Clark LMT

Admissions Director Admissions Representative

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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 betterbodiesal@gmail.com



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RECOMMENDATION FORM

Applicant: Please have two people who know you well 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: 205 N. 7th St Opelika, AL 36801 or betterbodiesal@gmail.com

*Applicant Name: (Please Print)

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.

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?



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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"/>

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.

I recommend this applicant for acceptance _____

I do not recommend this applicant _____

Signature: _____ Date: _____