MASSAGE THERAPY PROGRAM
316 W. Mason Road, Milan, OH  44846
419.499.4663 or 419.626.9665
Ext. 231 or 280

Classes scheduled to begin February 2018

The Massage Therapy program is designed to provide basic instructional information for entry level to the Massage Therapy profession. The program meets the criteria and is certified by the Medical Board of the State of Ohio.

A student clinic is open to the public to provide an instructional experience. Students who successfully complete the program will be eligible to take the State Medical Board of Ohio licensure examination.

Anyone who is over 18 years of age and has completed his/her high school education or equivalency is eligible to apply for the program.
MASSAGE THERAPY PROGRAM COURSE DESCRIPTIONS

**Introduction to Medical Terminology/CPR**
This course progresses from the basic word parts (prefixes, suffixes, root words and combining forms) through words used to describe each body system. American Heart Healthcare Provider CPR certification is also provided.

**Student Success**
This course seeks to improve student resilience and decrease unnecessary attrition. Teaching emotional intelligence empowers students to take charge of their educational experiences by helping them understand how their attitudes, choices and beliefs directly correlate to their successes or failures. Students will learn skills such as self-awareness, self-empowerment, communication skills, group interaction and conflict resolution. This course utilizes basic computer skills to show students textbook resources and Google classroom applications done on the computer.

**Massage Therapy: Introduction/Theory & Procedures I**
This course describes the history, scope of practice, and appropriate business and professional ethical standards of massage therapy in Ohio. Students are introduced to the therapeutic benefits, contraindications, uses of massage therapy, and procedures for a chair massage. The seven basic procedures and variations of Swedish Massage will be taught and performed as described by J.H. Kellogg.

**Anatomy, Physiology & Pathology I**
This course introduces an in-depth study of anatomy, physiology and pathology of the human body on a chemical, cellular and tissue level of organization, systems of the integument, as well as skeletal, joints and muscles.

**Massage Procedures II**
Students receive a well-rounded foundation of the knowledge and clinical skills that a professional massage therapist requires. Instruction includes procedures for a one hour relaxation massage using Kellogg along with other common techniques preparing students for full body massage student clinic.

**Ethics**
This course covers basic principles from the code of ethics for health care professionals which includes medical law, ethics, professional communication and the therapeutic relationship, as it applies to the profession of massage therapy.

**Anatomy, Physiology & Pathology II**
This course introduces an in-depth study of anatomy, physiology and pathology of the neurological, endocrine, digestive system.

**Massage Procedures III**
This course will introduce the student to a variety of therapeutic modalities and spa treatments. Students will attain knowledge and clinical skills related to musculoskeletal injuries and chronic pain conditions. Benefits of soft tissue manipulation for specific client populations are described and experienced.

**Anatomy, Physiology & Pathology III**
This course introduces an in-depth study of anatomy, physiology and pathology of the cardiovascular, immune, respiratory, urinary system and reproductive systems.

**Business**
Educating the Massage Therapy student on business practices necessary for establishing their own practice is an essential component of career success. The student will develop marketing and managing strategies as a licensed massage therapist. Each student will be able to create a plan and resume for individual use. Students will get an introduction to electronic medical records and medical billing.

**Myofascial Release I & II**
Students will learn to manipulate, identify and release myofascial tissue that holds tension and stress in the upper and lower body. Students will gain an understanding of the relationship between posture and constricted myofascial tissue which can lead to imbalances within the body. Myofascial technique applications will be covered, teaching students specific ways to treat connective tissue in order to reduce myofascial restrictions and promote pain-free and balanced motion.

**Clinical Experience**
Students will complete a competency examination prior to entering the clinical experience course. Clinical consists of chair massage outreaches into the community and a full body student clinic.
Massage Therapy Program

Expenditures

The cost of the 2017-2018 program is as follows:

**Actual:**
- Tuition $9,300
- Textbooks $940
- Fees $1,365
- Supplies $780

$12,385

* Massage Therapy Licensing Exam (MBlex) included!
* Earthlite Massage Table package included!
* Lap Top included!

Out of Pocket Expenses (Estimated)

♥Pre-Entrance Exam 81.00
♥Application Fee ± 50.00
♥BCI- fingerprinting ± 31.00
♥Physical Examination ± 56.00
♥Professional Massage ± 60.00
Student Uniform & Supplies ± 50.00
▲ State of Ohio Licensing Fee 150.00
▲ BCI/FBI for State of Ohio 65.00

♥Must be completed prior to interview with Program Coordinator.

▲ Completed after graduation for licensure

Application Process (Pre-Requisite)

♥Information Session (Must complete prior to interview)
Attendance at an Informational Session (no charge) is required of all applicants. These sessions will address questions and concerns related to the Allied Health Careers Programs. Please call ext 280 to schedule.

♥Pre-Entrance Exam (Must complete prior to interview)
A pre-entrance exam is required of all applicants. There is a non-refundable payment of $81.00 due at the time of registration to hold your seat. Areas and scores are as follows: Reading (5), Math (3) & Locating Information (4). Please call ext 280 for an appointment. After the exam, an appointment will be made for you to review your scores with the school counselor.

♥Application (Must complete prior to interview)
Once you have achieved the required scores on the pre-entrance exam, you may submit your application with the $50.00 processing fee. Application fees are non-refundable and are not credited toward tuition.

♥School Records (Must complete prior to interview)
Send the “Request for Student Records” form to the high school from which you graduated, or are now attending. If you received a GED, please bring the original scoring to EHOVE to be copied for your file. If you have had formal education beyond high school, have an official transcript of grades and course descriptions sent to EHOVE. Transcripts should be forwarded after an application has been submitted.

♥BCI Check – Fingerprinting (Must complete prior to interview)
You can arrange to have this done at EHOVE Career Center by calling Donna @ ext. 215 with a cost of $25.00 or at Firelands Corporate Health with a cost of ±$31.00. The cost of the fingerprinting is your responsibility.

♥Physical Examination (Must complete prior to interview)
An appointment must be made with Firelands Corporate Health (419-557-5052) for a physical examination. The cost of the physical exam is approximately ±$56.00 and is your responsibility. Firelands Corporate Health is located at 5420 Milan Road in Sandusky.

♥Professional Massage (Must complete prior to interview)
You must schedule to have a massage with a therapist licensed by the Medical Board of the State of Ohio. The therapist must complete and sign the form provided and you must return the form to EHOVE Massage Therapy Program. The cost of a professional massage is approximately ±$60.00 and is your responsibility.

Interview with Program Coordinator
Once all application pre-requisite items have been completed and submitted to us, you may call ext 231 to schedule your interview with the Program Coordinator.

Program Orientation
Orientation will be held prior to the start of the program. Attendance is mandatory. The assigned date will be outlined in the acceptance letter.
**MBLEX** - Ohio State Medical Board of Massage Therapy Approved Licensure Exam

**Application Process**

- Application: Cost is covered in tuition
- FSMTB requires all MBLEX applicants to request and ensure their massage therapy education program submits educational records directly to FSMTB. MBLEX applications are not complete for processing until educational records are received. Records will be sent by EHOVE with your application fees.
- Processing: Please allow five (5) business days for FSMTB to process your completed MBLEX application. A completed application consists of the MBLEX application, and your educational records
- Authorization to Test (ATT): FSMTB sends ATT via email with instructions to schedule your examination online or by calling toll free. You must test within 90 days of receiving an ATT.
- Confirmation: Appointment confirmation is sent to the candidate via email.
- Take MBLEX: Candidate will receive unofficial exam results at the testing center and FSMTB sends result to the designated state board or agency within 24 hours.

**Licensure**

**Eligibility for Licensure**

- Be at least 18 years of age and of good moral character
- Submit criminal record checks (FBI & Ohio BCI)
- Have attained high school graduation or its equivalent
- Hold one of the following:
  - A diploma or certificate from a school, college or institution in good standing as determined by the Board, showing the completion of the required courses of instruction
  - A diploma or certificate from a school, college or institution in another state or jurisdiction showing completion of a course of instruction that meets course requirements determined by the Board through Ohio Administrative Code 4731-1-16
  - For not less than five years preceding application, a current license, registration or certificate in good standing in another state for massage therapy
  - Have passed the MBLEX (Massage and Bodywork Licensing Exam)

**State of Ohio Licensing Fee**

(Completed after graduation)
The cost of the Licensing Fee is your responsibility.

**BCI/FBI for State of Ohio**

(Completed after graduation)
Applicants for the State Medical Board of Ohio licensure will be required to provide a BCI/FBI background check and additional documentation if convicted of a felony or have a history of chemical/substance abuse. Be advised arrests, charges or convictions of criminal offenses may be cause to deny or limit licensure or employment opportunities in specific careers and occupations. Refer to rule 4731-4-02(D) of the Administrative Code for factors the State Medical Board of Ohio may consider when reviewing the results of a criminal records check. The cost of the BCI/FBI check is your responsibility.

**School Uniform**

**Classroom**
Dress code will require a navy blue shirt with EHOVE logo and jeans or dark pants (Capri or full length). Each student will be provided with 2 shirts. The cost of these two shirts is included in student fees. If you feel that you need more shirts, they may be purchased if desired. Pricing information will be available at a later date. Sweatpants, pajamas, leggings, or shorts will not be allowed. Comfortable tennis shoes are required.

**Clinical**
A solid black scrub shirt and pants will be worn by each student. They are to be clean, ironed, not torn, unstained, unaltered and worn during all clinic-floor hours. Clean, black tennis shoes must also be worn.

Like us on face book: www.facebook.com/EHOVEmassagetherapy
MASSAGE THERAPY PROGRAM
APPLICATION FORM

($50.00 non-refundable processing fee Payable to EHOVE)  Date __________________________

Name________________________________________________________
(Last)  (First)  (Middle)  (Maiden)

Home Address _____________________________
(Street and number)                         (City)                        (State)                        (ZIP)

__________________________________________
(Home Phone)                                (Cell Phone)                  (E-mail Address)

Social Security Number ____________________  Date of Birth______________________

High School graduation (was or will be) ________________  Entrance date ___________  Ending date ________________

Name on HS Transcript ____________________  High School
(Name)                        (Street)                        (City)                        (State)                        (ZIP)

If not a high school graduate, have you established equivalence through the G.E.D. tests?  ________YES  _________NO

Have you attended a school for massage therapy?  ________YES  ________NO  Dates ___________________________ to ___________________________

If Yes, Name of School__________________________________________  Location__________________________

Reason for Leaving ____________________________________________________________________________

Courses__________________________________________  Dates of Attendance__________________________

Have you any other formal education beyond High School?  ____YES  ____NO  Dates_________________ Location__________________________

(OVER)
Do you have any condition which limits your ability to perform the functions of a massage therapy student?  

_______YES  __________NO

If yes, please explain.  ____________________________________________________________

Work Experience:
Present Occupation_________________________________________________________ 
Employer______________________________________________________________

Date employment began? __________________________ Location __________________________________

Additional work experience in last 5 years:

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<th>Address</th>
<th>Dates</th>
<th>Reason for leaving</th>
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What are your plans for financing this education? ____________________________________________

I understand that making application for admission to the EHOVE Massage Therapy Program places no obligation on me or the school in regard to my admission. It has also been explained to me that my application is to be considered for review. If I am accepted or not accepted, I will be notified by the EHOVE Massage Therapy Program.

During my clinical education, I will accept any assignment given for this experience and will attend during the hours I am assigned.

I give the school permission to request information from references and/or information from agencies including law enforcement.

- Applicants for the State Medical Board of Ohio licensure will be required to provide a FBI/BCI background check and additional documentation if convicted of a felony or have a history of chemical/substance abuse. Be advised arrests, charges or convictions of criminal offenses may be cause to deny or limit licensure or employment opportunities in specific careers and occupations. Refer to rule 4731-4-02(D) of the Administrative Code for factors the State Medical Board of Ohio may consider when reviewing the results of a criminal records check.

I certify that all statements made in this application are true.

Signature of applicant ___________________________________________________________ Date _______________________

Signature of parent/guardian if applicant is under 18 ______________________________________ Date _______________________
VERIFICATION OF PROFESSIONAL MASSAGE

It is important that you have an understanding of the profession that you are intending to study. Arrange to have a massage from a therapist licensed by the Medical Board of the State of Ohio. (LMT) After your massage, take a few minutes to ask the therapist the following questions, summarized their answers in the space provided and have the therapist sign the bottom of the form.

What resources will I need during school? (time, energy, support from family friends, etc.)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

How was the MBLEx licensure examination?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

What do you like about being a Massage Therapist? _______________________
___________________________________________________________________
___________________________________________________________________

What is the most difficult part of being a Massage Therapist? _______________________
___________________________________________________________________
___________________________________________________________________

___________________________, LMT

OSMB license number

Date
REQUEST FOR STUDENT RECORDS
(To be sent directly to your school)

Date

To:
Name of School Attended

School Address

City State Zip

Please send a transcript of my records and a copy of this form to:

EHOVE Adult Career Center
MASSAGE THERAPY PROGRAM
316 West Mason Road
Milan, OH 44846

Print name while in school Current Last Name

Date last attended Birthdate

Social Security Number

If there is a transcript fee charge, bill me.

Applicant’s Signature

Street Address

City State Zip

Parent or guardian’s signature if under age 18