

APPLICATION FORM

250 Hour C.M.P Certification Program

PROGRAM APPLYING FOR: DCC ECC WCC SI

Name _____ Date of Birth _____ SS# _____

Phone Day () _____ Evening () _____

Local Address _____

Permanent Address _____

Emergency Contact _____ Relationship _____

Address _____ Phone _____

Are you presently employed? yes no Part-time Full-time

Employer Name _____ Occupation _____

Address _____

Credit Reference _____

How is your tuition to be paid? self parent loan other _____

Are you currently working in the Health Care field? yes no _____

Previous massage: _____

Personal growth training in recent years (other workshops, massage, martial arts, hypnotherapy, etc...):

Present occupational and personal goals _____

How did you discover M.I.T.? _____

What motivated you to choose M.I.T.? _____

What do you hope to do upon completion of your studies? _____

Do you use alcohol? yes no How much? _____

Do you smoke? yes no How much? _____

Do you use drugs? yes no What? _____

If you answer **yes** to any of the following questions, please clarify on a separate sheet of paper:

Have you been treated for any medical conditions in the last five years? _____

Do you take any medications? YES NO

If yes, WHAT: _____

Have you been treated for any psychological conditions or rehab in the last five years? _____

Have you been arrested or cited for any reason in the last five years? _____

Do you recognize the intensity of time necessary to keep the course schedule, homework, and internship hours?

yes no (30 internships – min. one hour each – are required for certification and must be completed before the course ends) Can you meet this? yes no

- Include with the application:
- On a separate sheet of paper write a short autobiography of yourself describing your intention and goals as to why you are entering the massage therapy field.
 - On a separate sheet of paper write a paragraph describing Full-Body Professional massage you have received within the last six months, noting things you particularly found noteworthy.
 - A recent photograph.
 - Two letters of personal character reference that reflect your interest in Holistic Health Care and the Massage Therapy profession..
 - A check for a non-refundable registration fee of \$75.00 to:

MONTEREY INSTITUTE OF TOUCH, 27820 Dorris Drive, Carmel, CA 93923, Phone: (831) 624-1006 Fax: (831) 626-6916; E-mail: MIT@redshift.com

CANCELLATION AND REFUND POLICY

CANCELLATION:

1. The Student shall have the right to cancel this agreement for a course in instruction including any books and/or equipment of other goods and services included in the agreement.
2. Cancellation shall occur when the student gives **written notice of cancellation** to the School.
3. The written cancellation notice, if given by mail, is effective when deposited in the mail and clearly post marked.
4. The written cancellation notice need not have a particular format, however, the expressed desire of the student to terminate the agreement must be clearly stated.
5. If the Student cancels the agreement, the Student shall have no liability, except as provided in Item 6 (below) and the School shall refund any consideration paid by the Student within 30 days after the School receives written notice of the cancellation.
6. If the School gave the Student any books and/or equipment, the Student shall return the books and/or equipment within 30 days following the date of the *Notice of Cancellation*. If the Student fails to return the books and/or equipment within 30 days, the School may retain the portion of the consideration paid by the Student equal to the documented cost of the books and/or equipment itemized in the agreement and shall refund the portion of the consideration exceeding the price of the books and/or equipment. The Student may retain the books and/or equipment without further liability.

WITHDRAWAL:

1. The Student has the right to withdraw from a course of instruction at any time.
2. If the Student withdraws from a course of instruction after the first day of classroom instruction, the School will remit a refund, as per the following refund formula. The amount of the refund shall be calculated on a pro-rata basis. The following fees will be deducted from the refund: Registration fee, Non-returned Books and/or Equipment, and Completed (documentable) classroom hours. The refund will be calculated after written notice has been received (as stated above).

REFUND CALCULATION:

EXAMPLE: Assuming this account has been Paid in Full: The 250 hour CMP program Tuition is \$2500, Registration fee is \$75 and Book/Supply fee is \$130. The student withdraws after 60 hours of completed training and keeps the books. The refund calculation would be:

$$\$75 + \$2500 + \$130 = \$2705 \text{ (paid)} - \$75 - \$600 \text{ (60 hours completed)} - \$130 = \text{Refund } \$1900$$

3. For the purpose of determining a refund the Student shall be deemed to have withdrawn from a course of instruction when one of the following circumstances has occurred:
 - a. The Student notifies the School of withdrawal in writing.
 - b. The School terminates the Student's enrollment agreement as outlined in the agreement.

MONTEREY INSTITUTE OF TOUCH

STUDENT

School Official

Print Name

Signature

Date