



INTERNATIONAL
SPA INSTITUTE

**550 Hour Massage Therapy Program
Application Packet
2013**

Welcome!

Thank you for your interest in the International Spa Institute. Our 550 Hour Massage Therapy Program is open to all individuals 18 years of age or older, who have completed high school or hold a GED. Proof of age and education is required.

The International Spa Institute does not discriminate on the basis of sex, race, color, religion, nationality, sexual orientation, ethnic origin, physical/mental disability or age in the administration of its educational policies or other school administered programs.

Admission Procedure:

Call (843) 815-4884 to schedule an informational interview and tour with the Campus Director. Complete the **Application for Admission, Autobiography and Health History Form** and attach the following:

- \$100 application fee
- A recent photograph
- A copy of your high school diploma, GED, or college transcript
- A copy of your driver's license or birth certificate

You are required to receive a professional massage from a licensed massage therapist before classes begin. Enclosed is a **Massage Verification Form** for you to submit to the office after your service is received.

Two **Letters of Recommendation** are also required before classes begin. Please give these to individuals with whom you work, study or worship. Do not ask a relative to complete a Letter of Recommendation. These forms must be forwarded to us **directly** by the individual completing the form.

Tuition:

All prices are subject to change. Prices below are based on the previous semester.

Program Cost	\$6600.00
Application Fee	100.00
Text books & supplies	409.33 approx
Insurance	<u>45.00</u>
Total	\$7154.33

Tuition Payment Options:

The following payment options are available to all applicants:

- Payment in full before classes start (**Bonus: \$100 bookstore gift certificate!**)
- Pay as You Study: 50% down, 50% divided by the number of months in our program, no interest
- Low Down Payment: \$1000 down, balance in equal monthly payments, 10% interest
- Pay as You Go: Pay for individual classes and related fees prior to each start date, no interest.
- Individualized repayment plan designed for you!

Vocational Rehabilitation, WIA, Military Spousal Support and Commission on the Blind funds may be available for eligible applicants.*

**Please call us at (843) 815-4884 for more details*

Autobiography-Write a detailed autobiography and include the following key points:

1. Discuss your purpose for enrolling in this program and what you hope to gain from it. What are your personal goals? Your professional goals? Do you plan to make massage therapy your career in the future? Full or Part-time?
2. Describe your work and life experiences during the past five years (you may include a resume).
3. Describe any training or prior experience you've had in massage or other related practices - either through workshops, formal training or apprenticeships.
4. Have you received a professional massage or other form of bodywork before? If so, give approximate number of sessions in the past two years and describe your impression of the experience.
5. Explain your plan for budgeting the time needed to meet the requirements of the program, both in and out of class. Please note whether you will attend part-time or full-time and day or evening classes.
6. How will the program fit into the other aspects of your life? Are your family and friends supportive?
7. Describe your financial situation and how you plan to meet your tuition requirements. Please be specific.
8. Have you ever been convicted of a crime (other than minor traffic offenses)? List dates and details. *Note: A conviction record may not result in disqualification. The circumstances of each case will be considered.*
9. How did you find out about the International Spa Institute? Why did you choose this school?

Choose a Payment Option:

- Payment in full by class start (**BONUS: \$100 bookstore gift certificate**)
- Pay as You Study: 50% down, balance in equal monthly payments, no interest
- Low Down Payment: \$1000 down, balance in equal monthly payments, 10% interest
- Pay as You Go: Pay for individual classes and related fees prior to each start date
- Individualized repayment plan

Application Agreement:

I certify that all of the above information, and any other information provided by me in this application packet, is correct to the best of my knowledge. If accepted as a student at the International Spa Institute, I agree that I will abide by all the rules stated in the *Student Policy Handbook*, which I have reviewed prior to signing this application. I further understand that the Institute will not release to any licensing board or other school, any certified hours or transcripts unless all financial and contractual obligations have been met. I have been informed that the International Spa Institute maintains a security bond in my interest. If I withdrawal at any time and have met my obligations, the International Spa Institute will provide me with a certified transcript of my completed hours within ten working days. In addition, the Refund Policy of the International Spa Institute has been fully explained to me.

Name (Please Print): _____

Signature: _____ Date: _____

Health History Form

The Massage Therapy Program at the International Spa Institute is a demanding and rigorous process by its very nature. This Health History Form will assist us in evaluating whether you have the physical, mental and emotional resources necessary for a successful experience in our program. Please be honest and thorough. Withholding relevant information can be grounds for dismissal. All information disclosed will remain confidential.

Check any of the following conditions that you have experienced, either now or in the past. If applicable, include detailed information on a separate sheet of paper.

<input type="checkbox"/> Muscular/Joint Problems	<input type="checkbox"/> Allergies	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Spinal/Skeletal Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Digestive Problems
<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> Swelling/Edema	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Environmental Sensitivities

Answer the following and attach to the application. Please be specific and detailed.

1. Describe any past injuries, accidents, traumas or surgeries you have experienced. Please list approximate dates for each, and the treatment(s) you received.
2. Describe any and all diagnosed medical conditions you are currently experiencing. List when the condition was diagnosed, and any treatment(s) you are receiving.
3. Are you currently under a physician's care (medical doctor, chiropractor, osteopath, naturopath) for any reason? If yes, state the reason and list each provider's name, address and phone number.
4. List any prescription medications you are taking and the related diagnosis.
5. Do you have any known history of physical or sexual abuse? Please describe.
6. Have you ever been treated for alcohol, drug or substance abuse? If yes, list any counseling or treatment you received, along with the dates of treatment and the name(s) of the provider(s).
7. Describe any psychological or emotional conditions you are currently experiencing. If you have received treatment, please include details.
8. Are you working with a counselor, psychologist, psychotherapist, social worker or psychiatrist at present? If yes, list each provider's name, address and phone number.
9. List any prescription medications you are taking and for what condition(s).
10. Do you have any learning disabilities? If so, list the condition, along with any treatment you have received.
11. Describe any difficulties or challenges you might have with classroom learning, online training or at-home study work.

I verify that I have considered my health and my ability to complete a program in massage therapy at the International Spa Institute and will not hold ISI liable for any preexisting conditions that may limit my ability to perform massage. I have completed this form to the best of my knowledge and I state that the information given here is true and correct.

Name (Please Print): _____

Signature: _____ Date: _____

Release Form

In consideration of the permission granted to me to participate and appear in any visual production produced by or for the International Spa Institute, I hereby give my consent to prepare, use, reproduce, publish and exhibit my name, picture, portrait, likeness or voice, or any or all of them, in connection with the production of still photography, motion picture, television tape, or sound track recording in any manner for educational, scientific, informational, advertising/marketing or any other purpose deemed necessary.

I hereby waive any right that I may otherwise have to inspect or approve the finished product, or the use to which it may be put. I also release, discharge and agree to hold harmless the parties to whom this consent and waiver is given from any liability by virtue of any blurring, distortion, alteration, or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of said pictures or in any processing, or in the publication and distribution.

I understand that I shall receive no compensation whatsoever in connection with the foregoing beyond my opportunity to participate and I hereby waive all rights of privacy in connection with the use of my name, picture, portrait, likeness or voice. I also waive any and all rights, whether explicit or implied, in the material and consent without reservation to the Station using, distributing or otherwise making available the material to other parties as it sees fit.

Name (Please Print): _____

Signature: _____ Date: _____

Letter of Recommendation

Name of Applicant: _____

Name of Reference: _____ Phone: _____

Address: _____
Street City State Zip

Occupation: _____

The International Spa Institute offers in-depth training in massage therapy, which includes the study of anatomy and physiology and a wide range of massage techniques. We endeavor to enroll students who are capable of working respectfully and compassionately with both fellow students and future clients. Please consider the above information when you answer the questions below. Attach an additional sheet of paper if necessary.

What is the context and length of your relationship with the applicant?

**In what ways might you imagine the applicant contributing to the classroom environment?
In what ways might he or she distract from the learning process?**

Would you feel confident referring your friends, associates and family members to the applicant for massage therapy? Please explain.

Is there anything else regarding the applicant that you would like us to know?

Name (Please Print): _____

Signature: _____ Date: _____

This letter should be mailed or faxed directly to the school. Please address it to:

International Spa Institute, 6A Bruin Rd., Bluffton, SC 29910

Ph: (843) 815-4884

Fax: (843) 815-4885

Letter of Recommendation

Name of Applicant: _____

Name of Reference: _____ Phone: _____

Address: _____
Street City State Zip

Occupation: _____

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Is there anything else regarding the applicant that you would like us to know?

Name (Please Print): _____

Signature: _____ Date: _____

This letter could be mailed or faxed directly to the school. Please address it to:

International Spa Institute, 6A Bruin Rd., Bluffton, SC 29910

Ph: (843) 815-4884

Fax: (843) 815-4885

Massage Verification Form

Massage Therapist: _____ License #: _____

Business Name (if applicable): _____

Address: _____ Ph. #: _____

The International Spa Institute requires our students to have had some experience with massage before entering our program. We also feel that ongoing contact with licensed therapists will help the student develop skills necessary to be successful in this field. Thank you for taking the time to share your knowledge and expertise. Please encourage the student to engage in conversation related to the field of massage. Any insights you might like to share will be greatly appreciated by both the staff of The International Spa Institute and the student whose trust is in your hands!

Student's Name: _____

Type of Massage Performed: _____

Length of Session (must be at least 1 hour): _____ Rate: _____

Did the student ask questions related to massage? Yes No
Were you able to provide answers to these questions? Yes No
Did you share additional information with the student? Yes No
Would you be willing to work on this student again? Yes No
Why or why not: _____

Therapist Signature: _____

*This letter should be returned to the student. If for any reason you wish to send it directly to the school, please address it to: International Spa Institute, 6A Bruin Rd., Bluffton, SC 29910
Ph: (843) 815-4884 Fax: (843) 815-4885*

Student: Please use this space to describe your experience with this massage session.

I certify that I received the above referenced massage on the date indicated.

Student Signature

Date



550 Hour Massage Therapy Program 2013

Class	Hrs	Lect/Lab	PR's*	Fee	Books/Lab Fees
ANATOMY, PHYSIOLOGY, KINESIOLOGY & PATHOLOGY:					
165 CLOCK HOURS TOTAL~					
Intro to Online Sciences: SCI-101	4	4/0	None	\$ 48	\$ 105.88
Science for Massage Therapy-1:	30	12/18	SCI-101	\$ 360	
Science for Massage Therapy-2:	30	12/18	SCI-101	\$ 360	
Science for Massage Therapy-3:	30	12/18	SCI-101	\$ 360	
Science for Massage Therapy-4:	41	16/25	SCI-101	\$ 492	
Science for Massage Therapy-5:	30	12/18	SCI-101	\$ 360	
MASSAGE & BODYWORK ETHICS, THEORY, ASSESSMENT, TECHNIQUE & APPLICATION:					
270 CLOCK HOURS TOTAL~					
Intro to Massage Therapy: MT-101	11	11/0	None	\$ 132	\$ 150.00
Swedish Massage 1: SWE-1	70	24/46	MT-101	\$ 840	
Swedish Massage 2: SWE-2	70	24/46	SWE-1	\$ 840	
Intro to Student Spa: SPA-101	8	4/4	SWE-1	\$ 96	
Deep Tissue 1: DT-1	37	12/25	MT-101	\$ 444	\$ 53.45
Deep Tissue 2: DT-2	37	12/25	MT-101	\$ 444	
Deep Tissue 3: DT-3	37	12/25	MT-101	\$ 444	
MASSAGE & BODYWORK LAWS, BUSINESS & ADJUNCTIVE THERAPIES:					
115 CLOCK HOURS TOTAL~					
Allied Modalities 1: AM-1	20	12/8	None	\$ 192	\$ 25.00
Allied Modalities 2: AM-2	30	20/10	None	\$ 408	\$ 75.00
Business & Law: B&L	20	16/4	None	\$ 240	
Externship	30	0/30	Per instructor	\$ 180	
Community Service	15	0/15	Per instructor	\$ 540	
Totals	550	215/335		\$6600	\$409.33

*Prerequisites

OTHER FEES:

Application Fee	\$ 100.00
Insurance	\$ 45.00
Class Fees Total	\$6600.00
Books/Lab Fees Total	\$ 409.33

Grand Total **\$7154.33**

Enrollment Agreement Massage Therapy Program

Name of Applicant: _____

	Last	First	Middle Initial
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Address: _____

Street	City	State	Zip
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Email/Phone: _____

Email	Cell
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Tuition:		Books, Lab Fees & Insurance:	
Application Fee	\$ 100.00	Books/Lab Fees	\$ 409.33
Program Cost	\$6600.00	Insurance	\$ 45.00
Total	\$6700.00	Total	\$ 454.33

Payment Options:

- Payment in full by class start (**BONUS: \$100 bookstore gift certificate**).
- Pay as You Study: 50% down, balance in equal monthly payments, no interest
- Low Down Payment: \$1000 down, balance in equal monthly payments, 10% interest
- Pay by the Class: Pay for individual classes and related fees prior to each start date
- Individualized repayment plan
- Other: _____

Refunds

An applicant may cancel this Agreement without penalty by notifying the Institution within three business days after signing this Agreement. The Institution will refund monies within forty days of cancellation or withdrawal.

Cancellation after the third business day, but before the first day of class, will result in a refund of all monies paid, with the exception of the \$100 Application Fee if the school had that fee for more than three business days. Cancellation after the first day of class, but prior to 60 percent completion of the program, will result in a pro-rata refund; the refund is based on the percentage of time remaining in the program after the last date of classed attended. This percentage is rounded down to the nearest ten percent. Students who leave after completing 60 percent of their program will receive no refund; the entire amount will be retained by the school.

The Application Fee is for a specific starting date and can only be transferred once to another starting date. The request to transfer the Application Fee must come at least three weeks prior to the beginning of the class originally slated. Less than three weeks notice will require a new Application Fee for the new starting date (if the Institute has held the fee for more than three business days).

Refunds will be made on textbooks if they are returned within four weeks of purchase and in like-new condition. Any item purchased from the bookstore will be fully refunded if unopened and/or unused and accompanied by the original receipt within 30 days. After 30 days, store credit will be issued. Sales are final on clearance items.

A service charge of 1.5% per month, 18% APR. will be added to all overdue accounts. The student will be liable for all legal and collection fees incurred.

I hereby agree to the terms and conditions as set forth above and acknowledge receipt of a catalog (available online at www.isiSPAeducation.com), calendar, and this enrollment agreement for the above mentioned program. In addition, I have received and reviewed the Student Policy Handbook and agree to abide by the rules set forth therein. All fees are subject to change without notice

Name (Please Print): _____

Signature: _____ Date: _____