



Professional Massage Therapy Program Enrollment Agreement

Name: _____ **Start Date:** _____
Address: _____ **End Date:** _____

City _____ **Zip** _____ **AM/PM:** _____

HHI's Certified Professional Massage Therapy Program fulfills the requirements for therapists who want to apply for the State Certification as a Massage Therapist through the California Massage Therapy Council (CAMTC). The CAMTC requires 500 hours of education at minimum and our program is set at 550 hours. This certification allows massage therapists to practice in any city in California. Certification for Massage Therapists may require passing the MBLEx test.

When you have completed the Professional Program, and passed all applicable tests including the MBLEx, you are eligible to apply to the CAMTC for State Certification as a Massage Therapist. Please notify HHI once you have applied, and we will send your Transcripts which will include a breakdown of our Professional Program and any electives you have taken with us.

For credit hours to be included in HHI's official transcripts, Clock hours must be completed at Hands on Healing Institute (**HHI**) **6708 Foothill Blvd. Tower #2 Tujunga, CA 91042**

California Licensing Requirements: With an HHI certificate of completion, you can still choose to obtain/maintain a local permit, but you may not use the professional title of "MP," "MT", "CMP" or "CMT: without state certification (some of these titles are grandfathered, CMT is the only title currently offered). Also, certification is not to be confused with licensing. Some licensing still occurs at the individual city and county level and varies from city to city and county to county. All cities are now requiring a minimum of 500+ hours of training and/or State Certification to get a business license. Students are responsible for researching, determining, and meeting their area requirements.

State Certification: Certification through the California Massage Therapy Council (CAMTC) entitles you to work as a *Certified* Massage Therapist (CMT) or *Certified* Massage Practitioner (CMP) throughout the state. The CMT category requires a minimum of 500 hours of massage education, which must include specific hours designated to Anatomy & Physiology, Contraindications, Health & Hygiene, and Business & Ethics (subject to change). Students must apply for state certification on their own through the CAMTC (www.camtc.org). Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600et.Seq.

BPPE (Bureau for Private Postsecondary Education)

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education and/or CAMTC at: Bureau for Private Postsecondary Education: P.O. Box 980818, West Sacramento, CA 95798-0818 Telephone: (916) 431-6959 or Toll Free: (888) 370-7589, Fax Number: (916) 263-1897

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling toll free (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's internet website www.bppe.ca.gov.

As a prospective student you are encouraged to review the catalog and School Performance disclosure you have received prior to signing an enrollment agreement.

Dress Code: Comfortable loose clothing should be worn. No short skirts, short-shorts, low cut tops, underwear showing, low-riding pants or bare midriffs. Please do not wear perfumes or cologne to class. Nails should be trimmed short and long hair should be tied back.

TEXTBOOKS: Students will need to purchase the textbooks by the **First Day of Class**.

Note: this list is subject to change as needed, please ask us for most current book list

1. **Trail Guide to the Body** 4th or 5th Edition, Andrew Biel
 - a. **Estimated Cost for New Book \$65 on Amazon**
2. **The Ethics of Touch:** 1st or 2nd Ed. by Cherie M. Sohnen-Moe, Ben E. Benjamin PhD
 - a. **Estimated Cost for New Book \$95 on Amazon**
3. **Theory & Practice of Massage Therapy, 6th Edition by Mark F. Beck**
 - a. **Estimated Cost for New Book \$96 on Amazon**

TUTORING: Missed practical training can be made up by tutoring with instructor at a variable cost. Students will have 30 days after the last scheduled class meeting to make up all missed hours unless otherwise authorized. All make-up hours must be completed at Hands on Healing Institute (**HHI**) **6708 Foothill Blvd. Tower #2 Tujunga, CA 91042**

NOTICE CONCERNING TRANSFERABILITY OF CREDITS OR CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION: The transferability of credits you earn at Hands on Healing Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Fundamental and/or Professional Programs or any electives are also at the complete discretion of the institution to which you may seek to transfer. If the (credits or certificate) you earn at this institution are not accepted at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some of all your coursework at that institution. For this reason, you should make certain your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Hands on Healing Institute to determine if your certificates will transfer. HHI does not have any articulation or transfer agreements with any other College, University, or Institution.

Please note that the time it takes to complete this program will vary depending on the schedules of electives chosen by the student as well as clinic scheduling. This Enrollment Agreement is good for Two Years from Initial Program Start Date.

Students Right to Withdrawal: The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first-class session or the seventh day after enrollment, whichever is later. Cancellation shall occur when the student gives written Notice of Cancellation to the school at the address specified in this agreement. Tuition is refundable on a pro-rated basis. The school shall refund any consideration paid by the student within (30) thirty days after receiving written cancellation. Student refunds are calculated as follows: The amount owed equals the daily charge for the program (total institutional charge, divided by the number of days or hours in the program), multiplied by the number of days student attended or was scheduled to attend, prior to withdrawal.

<p>CANCELLATION: A written notice of cancellation should be delivered to Patty Flanagan at Hands on Healing Institute, 6708 Foothill Boulevard. Tujunga, CA 91042 Email: administration@gotohhi.org / Phone: 818-951-5811</p>
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For a full refund students must submit a written letter of withdrawal by (date)_____

Refunds are calculated as follows: The amount owed equals the daily charge for the program (total institutional charge, divided by the number of days or hours in the program), multiplied by the number of days student attended or was scheduled to attend, prior to withdrawal.

Late Fees: A \$25 late fee will be charged for non-payment of tuition after three days late. The student will need to speak with the Director to continue attending classes for non-payment of tuition.

There is a \$15 fee for all returned insufficient fund checks – subject to change by bank rate fees

NOTE: MASSAGE TABLES, CHAIRS & BOLSTERS FOR CLASSROOM USE ARE PROVIDED BY HHI.

TUITION DEFAULT: Students defaulting on scheduled tuition payments risk immediate dismissal at the discretion of the school director. A certificate of completion will be issued only after students have fulfilled their academic and financial obligations to Hands on Healing Institute. The student will need to speak with the office to continue attending classes for Non-Payment of tuition beyond 3 days late.

Federal Loans: A student being eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

- (1) The federal or state government or a loan guarantee agency may act against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- (2) The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.
- (3) If a student has received federal student financial aid funds, the student is entitled to a refund on moneys not paid from student financial aid program funds.

Hands on Healing Institute does not participate in any federal financial aid programs.

Personal Loans: If a student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

- **TUITION:** Certified Professional Massage Therapy Program: **\$10,725.00** is the full retail rate for tuition. We frequently offer promotional rates. These rates are subject to change as needed.
- **Promotional Rate:** \$_____ (subject to change)
\$100.00 NON-REFUNDABLE Registration Fee (for the Massage Therapy Program) + STRF Fee
The Student Tuition Recovery Fee (STRF) is currently \$2.50 cents per every \$1000 of tuition, rounded up to the nearest thousand. Subject to change by BPPE.
- **STUDENT TUITION RECOVERY FUND (STRF):** The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. The current rate is **\$2.50 cents** per one thousand dollar \$1,000 of institutional charges (5, CCR Section 76120). If you are not a California resident, you are not eligible for protection from the STRF, and you are not required to pay the STRF assessment or are not enrolled in a residency program.
- **\$250.00 Student Bundle includes:**
NON-REFUNDABLE:
 - ABMP Student Liability Insurance \$75
 - HHI Course Manual \$45**REFUNDABLE:**
 - Transcript fee \$15
 - Holster & Jars \$15
 - Biotone Dual Purpose Cream \$45
 - Biotone Advanced Therapy Lotions \$24
 - Flannel Sheets \$21
 - Tote Bag \$10

Note: Items are refundable only if unopened, unused, and within 10 days of School receiving written cancellation of withdrawal date – rates subject to change as needed.

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$11,402.50
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$11,402.50
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$377.50?
(reg fee 100.00 + strf 27.50 + bundle 250.00 = 377.50)

There will be an additional 4% fee charged for all card transactions (subject to change as needed). Students are welcome to pay by cash or check for no additional fees.

Summary of Charges	
Tuition	\$10,725 .00
Registration	\$100.00 (non-refundable)
STRF	\$27.50 (non-refundable)
Student Bundle	\$250.00 (partially refundable)
Textbooks	\$300.00 (estimate)
Total:	\$11,402.50

YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISORY NOTE.

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license exam passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Initial _____

I certify I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

Initial _____

I understand this is a legally binding contract. My signature below certifies I have read, understood, and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me.

Student Signature: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____



Confidential Application for Admission

Name: _____
First Middle Last

Email: _____

Address: _____

Phone #: _____

Current Occupation: _____

Date of Birth: _____ **Place of Birth:** _____

U.S. Citizen: Yes No

Driver's License #: _____

How did you hear about us? Friend Yellow pages Flyer Internet Alumni

Other _____

EMERGENCY CONTACT:

Name: _____ **Relationship:** _____

Phone: _____

Address: _____

Have you ever been convicted of a felony? No Yes - Please explain:



EDUCATION: Please list any high schools, colleges, universities, business, or trade schools attended:

Name & Location	Degree/Certs/Major	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH HISTORY:

Are you presently or have you in the past year been under the care of a doctor, holistic or otherwise?
Yes No

Have you ever had psychiatric care? Yes No If yes, please elaborate:

Is there any chance you could be pregnant? Yes No Maybe

Are you currently on any medications?

Please List:

Please list any major surgeries, illnesses, injuries, concussions, accidents, etc.:



HANDS ON
HEALING
INSTITUTE

Please mark each item that applies with a “P” for past condition or a “C” for current condition. If you have a condition that is not listed below, please mark “Other” and specify in the space provided.

Cardiovascular:

- Arteriosclerosis
- Heart attack
- Hypertension
- Murmurs
- Stroke
- Other: _____

Gastrointestinal:

- Constipation
- Diarrhea
- Gastritis
- Hepatitis
- Hernia
- Other: _____

Respiratory:

- Asthma
- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis
- Other: _____

Musculoskeletal:

- Arthritis
- Fascia disease
- Joint disease
- Tendonitis
- Varicose veins
- Other: _____

Head, Eyes, Nose, Throat:

- Cataracts
- Dizziness
- Impaired hearing
- Loss of consciousness
- Nosebleeds
- Other: _____

Endocrine:

- Anemia
- Cancer (part of the body?)
- Diabetes
- Epstein-Barr Syndrome
- Any communicable disease
- Other: _____

Skin:

- Athlete’s foot
- Hives
- Psoriasis
- Other: _____

Urogenital:

- Herpes
- Candidiasis
- Gonorrhea
- Kidney Stones
- Other: _____

Anything else not listed?

I DECLARE UNDER PENALTY OF PERJURY THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Signature: _____ **Date:** _____

Please provide a color copy of your current valid government issued photographic ID to be copied and held on file with your application.