

# MASSAGE THERAPY

# **Rolling Admissions**

# PROGRAM APPLICATION

Submit completed applications to healthsciencesadmissions@aacc.edu (preferred) or via mail to: Anne Arundel Community College (AACC) 101 College Parkway ATTN: Health Sciences Admissions **HLSB 174** Arnold, MD 21012 Students are admitted to the Massage Therapy Program on a rolling admission basis. Students need only apply once to the program, provided their application is complete. The spring 2026 cohort will only be offered in the evening. A future seat will be slotted once the applicant meets the criteria for admission. I plan to pursue: Spring Start (January) **Certificate Option** Evenina **Degree Option** Degree Fast Track (I have a previous associate or bachelor's degree) **DEMOGRAPHIC INFORMATION** Last Name First Name Middle Address City State Zip Code County College ID# \*Last 4 digits of social security# Phone @mymail.aacc.edu The mailing address you provide on this application will be your address of record. It is your responsibility to notify the Health Sciences Admissions Office as well as the Records Office of name, address and phone number changes during the application process. Applicants are advised to check their AACC email account periodically for placement updates and notices.

\* If you do not have a Social Security number, you may not be permitted at some clinical rotation sites and site availability could delay or inhibit your progression in the program. An international student admission specialist in AACC's Admissions and Enrollment Development office may be able to assist students with F-1 visa status to obtain a Social Security number through practical training. Call them at 410-777-2677.

### **ACADEMIC REQUIREMENT CHECKLIST**

Before completing this Massage Therapy application, you must meet all the requirements below:

- 1. I have an active admission status at AACC and am in Good Standing (≥2.0 GPA) with the college.
- 2. I understand that it is highly recommended, but not required, that I attend a Massage Therapy information session.
- 3. Iam ENG 101/ENG101A (Academic and Research Writing I) eligible.
- 4. Degree-seeking and Fast Track applicants: I understand that I must demonstrate eligibility for general education mathematics.
- 5. Lunderstand that pass/fail grades will not be accepted.
- 6. I have submitted final official transcripts\*\* from previously attended colleges from which I am transferring courses towards the Massage Therapy Program.
- 7. International students must submit official transcript\*\* evaluation report from <u>ECE</u>, <u>WES</u> or <u>The Evaluation</u> <u>Company</u> (formally Span Tran) to verify/authenticate your high school and/or college transcripts, if applicable.
- 8. Iunderstand that MAS 100 (Introduction to Massage) is a prerequisite to the Massage Therapy Program and must be completed prior to submitting this application or I must be registered for this course at the time of application submission. If currently enrolled in MAS 100, I must complete with a C or better to gain full acceptance into the program and register for MAS 110 (Fundamentals of Massage Therapy).
- 9. I reviewed and acknowledge the technical standards.
- 10. If I receive acceptance into the program, there will be additional program requirements to complete, including a health examination record and a criminal background check.
- 11. I understand that if information is missing from my student record or application, my application will not be processed and will be considered incomplete. I will be notified by my AACC email once if required application information is not submitted.
- 12. I understand that my AACC email address is required for correspondence with AACC.

### INTERNATIONAL STUDENTS

<u>admissions</u> pa	international student, there n ages to learn more. Review or the TOEFL requirement.	•		
TOEFL	Date taken:	Score:	Where taken:	

### **TRANSCRIPTS**

**TOEFL TEST** 

I acknowledge that I have submitted an official transcript evaluation report from <u>ECE</u>, <u>WES</u>, or <u>The Evaluation Company</u> (formally Span Tran) for verification of my high school and/or college transcripts to the Records office prior to this application submission.

I used the following listed agency:	
•	

<sup>\*\*</sup>Transcripts are considered official only when received by Anne Arundel Community College in the sending institution's original sealed envelope or by acceptable electronic submission.

# **FOR ALL APPLICANTS**

#### **PREREQUISITE**

# MUST BE COMPLETED WITH A GRADE OF C OR BETTER OR BE CURRENTLY REGISTERED IN PRIOR TO SUBMITTING THIS APPLICATION

COURSE	GRADE	CREDITS	COLLEGE/UNIVERSITY WHERE COMPLETED	TERM	YEAR
MAS 100 Introduction to Massage					

# **DEGREE-SEEKING APPLICANTS ONLY**

Degree-seeking students must demonstrate eligibility for general education mathematics by one of the following: satisfactory ACT or SAT score, satisfactory score on mathematics placement test, completion of noncredit developmental math course, unweighted high school GPA plus coursework, appropriate scores on AP, CLEP or GED tests, or transfer of credits for a general education mathematics course from other institution.

## FAST TRACK DEGREE APPLICANTS ONLY

General education, wellness, technology, and diversity requirements are considered satisfied for those students who have earned an associate, baccalaureate, or master's degree from a U.S. regionally accredited college or university and whose program of study included at least 20 credit hours of general education courses (excluding physical education activity courses). Students must fulfill all program graduation requirements.

# **PREVIOUS EDUCATION**

Previous Degree Earned: Associate Degree

Bachelor of Arts/ Bachelor of Science Master of Arts/ Master of Science

Date conferred:	
College/University where completed:	

\*Official transcript must be on file in the Records Office verifying date degree conferred.

BACKGROUND INFORMATION				
Submit explanation of questions for which you answer "yes" and provide documents relating to your answer emailed to <a href="mailto:tdneall@aacc.edu">tdneall@aacc.edu</a> or mailed separately to address on first page of this application, ATTN: Tammie Neall.  Do not write explanation(s) on the application				
Yes	No O	Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes, provide a written explanation and all relevant documents relating thereto.		
Yes	No	Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes, provide a written explanation and all relevant documents relating thereto.		
Yes	No O	Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.		
Yes	No O	Have you ever surrendered a professional license, certification, or registration, or had one restricted, suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.		
Yes	No O	Have you ever been placed on professional probation, had conditions or limitations placed on your ability to work even if your license had not been restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.		
Yes	No O	Have you ever had your clinical privileges at any office or facility restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.		

**NOTE:** Licensing boards for certain health care occupations, including Massage Therapy, may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact national certifying boards for your program of interest.

I certify that the information on this application is true and accurate to the best of my knowledge. I have read and understood the information on this application. I am aware that falsification or misrepresentation may result in being denied admission to the program, or it enrolled, dismissed from this program. I understand that there are additional program and clinical requirements to be met after acceptance: criminal background check <u>and</u> satisfactory completion of a health examination record.

Please review prior to submitting this application. This application must be completed in its entirety. I understand that by filling in my name below, it will be considered as my signature.

Signature:	Date:	
PRINT NAME:		

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-1411 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, <a href="mailto:complianceofficer@aacc.edu">complianceofficer@aacc.edu</a> or Maryland Relay 711.