

**Columbus State Community College – Massage Therapy Program**  
**Official Application**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Application Submission Date \_\_\_\_\_

Are you now or have you ever been a student at CSCC? \_\_\_\_\_ yes \_\_\_\_\_ no

If no, new students should visit the Admissions Office located in Madison Hall or online:  
<https://www.csc.edu/admissions/getstarted/>

Cougar ID # \_\_\_\_\_ Please Note: You will receive a Cougar ID # and student email account once admissions requirements to the college have been completed.

CSCC Student Email \_\_\_\_\_

Secondary Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Primary Telephone # (\_\_\_\_\_) \_\_\_\_\_

Other Telephone # (\_\_\_\_\_) \_\_\_\_\_ (indicate cell, work, etc.)

Have you ever been a student at another college or university? \_\_\_ yes \_\_\_ no

If yes, please list the institution's name \_\_\_\_\_

Highest level of education obtained \_\_\_\_\_

Have you ever been enrolled in a massage therapy program at another school? \_\_\_ yes \_\_\_ no

If yes, list location(s) & date(s) \_\_\_\_\_

Have you ever received a professional therapeutic massage? \_\_\_\_\_ yes \_\_\_\_\_ no

Mark your proposed plan of study: \_\_\_ Associate of Technical Studies (ATS) \_\_\_ Certificate

**PLEASE NOTE: THE STATE MEDICAL BOARD OF OHIO (SMBO) RESERVES THE RIGHT TO DENY LICENSURE REGARDLESS OF THE COMPLETION OF A MASSAGE THERAPY PROGRAM AND A PASSING SCORE ON THE LICENSING EXAM. PLEASE SEE THE MASSAGE THERAPY STUDENT HANDBOOK FOR FURTHER DETAILS.**

**Application Checklist:**

**Step 1 – Admission to the College**

**Step 2 – Schedule an Appointment with Health & Human Services Advising**

**Step 3 – Printed and Signed Copy of the Official Program Application**

**Step 4 – Written Statement of Interest and Intent**

**Step 5 – Official High School or GED Transcript**

**Step 6 – Massage Therapy Program - Student Handbook Acknowledgement Form**

**Step 7 – Mandatory Advising Session**

**Step 8 – Background Check and Drug Screen**

<https://www.csc.edu/academics/departments/massage-therapy/pdfs/massage-drug-fingerprint.pdf>

Once all program enrollment requirements have been processed, the prospective student will be notified to schedule a mandatory advising session with the Massage Therapy Program faculty advisor or other designee of the program to complete the program acceptance process.

**Nondiscrimination Policy/ Reasonable Accommodations Policy:**

Columbus State Community College does not discriminate against any individual or group of individuals for reasons of race, color, religion, ancestry, national origin, sex, disability or veteran status. It is the Columbus State Community College policy to provide reasonable accommodations to students with disabilities. If you would like to request such accommodations because of a physical, mental or learning disability, please contact the Department of Disability Services located in Eibling Hall.

By signing this document, I attest that all information contained in this application is correct to the best of my knowledge. This includes all transcripts, applications, statements, and any other material submitted. I also understand that all application materials become the property of Columbus State Community College and are not returned to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please MAIL completed application packet to:**

**Columbus State Community College  
Allied Health Professions- Massage Therapy Program  
Union Hall 308 - Attention: Tiffany Dowling  
550 East Spring Street  
Columbus, OH 43215**