



600 Pine Forest Drive, Ste 120
Maumelle, AR 72113
501-772-1226
TouchingAmerica.com

Application for Admission

Thank you for your interest in Touching America School of Massage. Please complete this application in its entirety. All information provided will be kept confidential and used solely for admissions purposes.

Personal Information

Full Legal Name _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth: _____ County: _____

Cell Phone _____ Work Phone _____

Email _____

Date of Birth _____ Social Security Number _____

Current Employer _____ Occupation _____

Emergency Contact

Name _____

Relationship _____ Phone _____

Educational Background

School Attended _____

City/State _____ Graduation Date _____

Highest level of education completed:

☐ High School Diploma ☐ GED ☐ College Degree ☐ Other _____

Have you previously attended a massage therapy program? ☐ Yes ☐ No

If yes, School Name: _____

City/State _____ Dates Attended _____

Enrollment Preference

☐ Day Program ☐ Evening Program ☐ Intensive Program (Day & Evening)

Desired Start Date: _____

Schedule placement is subject to availability and is not guaranteed until acceptance and enrollment have been finalized. Touching America School of Massage reserves the right to postpone or reschedule a class start date if minimum enrollment is not met. A minimum of four (4) enrolled students is required for a class to begin. Applicants will be notified promptly of any changes to the anticipated start date.

Professional Expectations

Massage therapy requires professionalism, reliability, personal responsibility, ethical conduct, physical stamina, and the ability to work closely with the public.

Please initial each statement below:

_____ I understand students are required to both perform and receive massage techniques during training.

_____ I understand attendance and participation are essential to successful completion of the program.

_____ I understand massage therapy requires professional behavior and appropriate boundaries.

_____ I understand massage therapy is physically demanding and requires repetitive use of the hands, arms, shoulders, and body.

_____ I understand graduation from the program does not guarantee employment or state licensure.

Conditional Acceptance

Admission to Touching America School of Massage is contingent upon successful completion of all enrollment requirements, including any required criminal background screening. The school reserves the right to deny or withdraw admission if an applicant fails to satisfy enrollment requirements or if background screening results indicate a potential barrier to participation in the program or future licensure.

A felony conviction does not automatically disqualify an applicant from admission; however, certain criminal convictions may affect eligibility for student permits, state licensure, clinical participation, or employment opportunities. All disclosures are reviewed on an individual basis.

Criminal History Information

Have you ever been convicted of a felony offense? ☐ Yes ☐ No

If yes, please provide the following information. (Attach additional pages if necessary.)

Date(s) of Conviction: _____

Charge(s): _____

Explanation of Circumstances:

Applicant Certification

I certify that all information contained within this application and any supporting documentation is true, complete, and accurate to the best of my knowledge. I understand that providing false, misleading, or incomplete information may result in denial of admission, withdrawal of an offer of acceptance, or dismissal from the program. I authorize Touching America School of Massage to verify information submitted as part of the admissions process.

Applicant Signature: _____ Date: _____

Student Enrollment Agreement

This Student Enrollment Agreement ("Agreement") is entered into between Touching America School of Massage ("School") and _____ ("Student") on _____.

The Student is enrolling in the Professional Massage Therapy Program offered by Touching America School of Massage. The Student understands that successful completion of the program requires satisfactory attendance, academic progress, completion of all required clock hours, practical training requirements, fulfillment of financial obligations, and compliance with all school policies and procedures.

The Student acknowledges receipt of the Student Handbook, Tuition Payment Agreement, and all admissions disclosures. The Student agrees to comply with all rules, regulations, standards of conduct, attendance requirements, academic requirements, and professional expectations established by the School.

The Student understands that massage therapy education includes classroom instruction, practical training, supervised student-to-student massage practice, clinical experiences, examinations, and other educational activities necessary to complete the program. The Student agrees to participate fully in all required components of the curriculum unless otherwise approved by the School.

The Student understands and agrees to the following:

- Tuition, fees, books, supplies, and other charges associated with enrollment remain the responsibility of the Student according to the Tuition Payment Agreement and School Catalog.
- Successful completion of the program requires regular attendance, satisfactory academic progress, and completion of all required program hours.
- The Student is expected to comply with all policies, procedures, standards of conduct, and professional expectations contained within the Student Handbook and any written policies adopted by the School.
- Violations of school policies may result in disciplinary action, suspension, or dismissal from the program.
- Participation in practical classroom activities, including both giving and receiving massage therapy and related training exercises, is a required component of the curriculum.
- Graduation from Touching America School of Massage does not guarantee employment or issuance of a massage therapy license.
- Licensure eligibility is determined solely by the Arkansas Department of Health Massage Therapy Section and may be affected by criminal history or other factors established by law.
- The Student acknowledges receipt of the School's cancellation, withdrawal, and refund policies and understands that refunds, if any, will be calculated according to the policy in effect at the time of withdrawal or dismissal.
- The Student acknowledges receipt of the Student Handbook and agrees to abide by all policies, procedures, and standards contained therein.

The Student further understands that acceptance into the program is contingent upon satisfaction of all admissions requirements, including required documentation, criminal background screening, and any other requirements established by the School or applicable regulatory agencies.

This Agreement, together with the School Catalog, Student Handbook, Tuition Payment Agreement, admissions documents, and any written addenda, constitutes the entire agreement between the School and the Student. No verbal representations, promises, or statements shall modify the terms of this Agreement unless made in writing and signed by both parties.

By signing below, the Student acknowledges that he or she has read, understands, and voluntarily agrees to the terms and conditions contained herein.

Signature: _____ Date: _____

Printed Name: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (Name of Person Acknowledging) proved to me through satisfactory evidence of identification to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Signature of Notary Public

(SEAL)

Commission Expiration Date of Notary Public



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Tuition Payment Agreement

Full Legal Name _____ Enrollment Date: _____

Program Cost Overview:

The following outlines the students' financial obligation for enrollment in Touching America School of Massage:

Tuition	\$ 5000.00
Application Fees	\$ 50.00
State Registration Fee	\$ 75.00
<u>Student Permit</u>	<u>\$ 36.25</u>
Total Program Cost	\$ 5161.25

Payment Options:

- ☐ Paid in Full
☐ Monthly Payment Plan

Day Program

☐ Deposit Required: \$1000
N## of Payments: 6
Amt of Payments \$ 667

Evening Program

☐ Deposit Required: \$1000
of Payments: 8
Amt of Payment: \$ 500

☐ Intensive Program

Deposit Required: \$1000
of Payments: 4
Amt of Payment: \$1000

First Payment Due: _____

Subsequent payments are **due on the 1st day of each month** until the tuition balance has been paid in full. Payments not received by the 5th day of the month will incur a late fee of \$20.00 per week, up to a maximum of two (2) weeks. Students whose accounts become delinquent may be suspended from class attendance until the account is brought current, including any applicable late fees.

Third-Party Sponsorship

Some students may receive financial assistance from Arkansas Rehabilitation Services (ARS), Arkansas Services for the Blind, World Services for the Blind, veterans' programs, employers, or other approved third-party sponsors.

☐ Student Self-Pay ☐ Third-Party Sponsored

Sponsoring Organization: _____

Approved Sponsorship Amount: _____

The student remains responsible for any tuition, fees, charges, or balances not paid by the sponsoring organization. If sponsorship funding is reduced, delayed, denied, terminated, or otherwise unavailable, the student assumes responsibility for any remaining balance owed to Touching America School of Massage unless other written arrangements have been approved by the school.



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Student Financial Responsibility

By signing this agreement, I acknowledge responsibility for all tuition, fees, and charges associated with my enrollment that are not paid by an approved third-party sponsor.

I agree to make payments according to the schedule outlined above and understand that failure to satisfy financial obligations may result in administrative action in accordance with school policy.

Withdrawal, dismissal, suspension, or non-attendance does not release a student from financial obligations incurred prior to separation from the school. Any refund due will be calculated in accordance with the school's refund policy.

I understand that official transcripts, certificates of completion, diplomas, and other academic records may be withheld until all financial obligations to Touching America School of Massage have been satisfied, except where prohibited by law.

Delinquent Accounts

Payments not received by the due date are subject to the late fees and collection procedures outlined in this agreement and the School Catalog.

Students whose accounts become delinquent may be suspended from class attendance, practical training, clinic participation, examinations, and other school activities until the account is brought current.

If an account becomes seriously delinquent and reasonable collection efforts are unsuccessful, the account may be referred to a collection agency or other lawful collection process. The student agrees to be responsible for any reasonable costs of collection to the extent permitted by law.

Transcripts, Certificates, and Records

I understand that official transcripts, certificates of completion, and other academic records may be withheld until all financial obligations to Touching America School of Massage have been satisfied, except where prohibited by law.

Acknowledgement

I have read and understand this Tuition Payment Agreement. I acknowledge my financial responsibility and agree to comply with the terms outlined above

Student Signature: _____ Date: _____

School Representative: _____ Date: _____



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Automatic Payment Authorization

I authorize Touching America School of Massage to charge the payment method listed below according to the payment schedule outlined in this agreement. I understand that charges will continue until my financial obligation has been paid in full or until this authorization is revoked in writing and an alternative payment arrangement has been approved by the school. I understand that it is my responsibility to notify the school of any changes to my payment information prior to the scheduled payment date.

Cardholder Name: _____

Billing Address: _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number: _____

Expiration Date: _____ CVV: _____

Authorized Payment Amount: \$ _____

Payment Due Date: 1st of Each Month Number of Authorized Payments: _____

Cardholder Authorization: _____ Date: _____



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Hold Harmless and Assumption of Risk

As a student of Touching America School of Massage, I understand that participation in massage therapy education includes classroom instruction, practical training, student-to-student massage exchange, clinical activities, demonstrations, hydrotherapy activities, use of classroom equipment, and other educational experiences associated with the program.

I understand that participation in these activities involves inherent risks, including but not limited to physical exertion, muscle soreness, skin irritation, allergic reactions, slips, falls, strains, sprains, or other accidental injuries that may occur during the normal course of training.

In consideration of my participation in the program, I voluntarily assume all risks associated with such activities and agree to release, waive, discharge, and hold harmless Touching America School of Massage and its owners, officers, employees, instructors, contractors, representatives, students, volunteers, and agents from any and all claims, demands, causes of action, damages, losses, or liabilities arising out of or related to my participation in school activities, except where prohibited by law.

I understand that massage therapy education requires both giving and receiving massage and participating in supervised hands-on training with fellow students. I acknowledge that it is my responsibility to disclose any medical condition, injury, limitation, or concern that may affect my safe participation in program activities.

I agree to immediately notify school administration of any injury, illness, medical condition, or change in health status that may affect my ability to safely participate in training activities.

I understand and agree that Touching America School of Massage does not provide medical insurance coverage for students and that I am solely responsible for any medical expenses incurred as a result of injury or illness occurring during my participation in the program.

In the event of a medical emergency, I authorize Touching America School of Massage to obtain emergency medical treatment on my behalf if I am unable to provide consent. I understand that any costs associated with such treatment shall be my sole responsibility.

I have carefully read and fully understand this Hold Harmless, Assumption of Risk, and Emergency Medical Authorization Agreement. I acknowledge that I am signing this document voluntarily and that this agreement shall remain in effect for the duration of my enrollment at Touching America School of Massage.

Student Signature: _____ Date: _____

Printed Name: _____

School Representative: _____ Date: _____

REQUIRED ADMISSION DOCUMENTS

The following documents **must accompany** this application or be submitted prior to enrollment:

- ☐ Admissions Application
- ☐ Notarized Student Agreement
- ☐ Government Issued Photo Identification
- ☐ Social Security Card
- ☐ High School Diploma, GED, College Diploma, or Official Transcript
- ☐ Signed Physician Statement in good health – **It must state moderate to strenuous exercise is appropriate for this student AND student is free of contagious or infectious diseases.**
- ☐ Negative Tuberculosis (TB) Test Documentation
- ☐ Non-Refundable Fees \$161.25 (due with application)

Applications will not be reviewed, processed, or considered for acceptance until all YELLOW highlighted documents and applicable fees have been received. This will start the background check process. Please be looking for an email with instructions.

Once Accepted and start date provided the following will be needed:

- ☐ Copy of CPR Card or Certificate (can be completed online Around \$10)
- ☐ Student Insurance Submitted – Provided through the School