



Dear Massage Therapy Applicant:

We at River Valley Community College welcome your interest in the Massage Therapy Program. Listed below are the application requirements designed to help you make the best choices for your future career. Please submit the following information:

1. **College Application Form** and general admission requirements.
2. **Review of a Site Visit** with a Licensed Massage Therapist of your choice. At the site visited, please complete the attached site visit summary form. (Additional visits are recommended for your personal knowledge of the field.)

When you make your visit, ask questions regarding the following and record the information on the site visit summary form (attached).

- Scope of Massage Therapy practice specific to the setting.
 - General Massage Therapy scope.
 - Type of clients served.
 - Settings where Massage Therapy can be found.
 - Therapy activities and modalities used.
3. **Interest Questionnaire:** (attached) Please type or print clearly. Use additional paper as needed.
 4. **CPR Certification** must be completed by the end of the second semester of studies. Either American Heart Association (Level C) or American Red Cross (For Professional Rescuers-FPR) is acceptable.
 5. **Reference Form** – attached.

Enjoy your experiences! I am looking forward to meeting you.

Sincerely,

Susan G. Prash, M.Ed, LMT
Massage Therapy Program Director

Massage Therapy Certificate Program Frequently Asked Questions

1. How long is the River Valley Community College Massage Therapy Program?

The minimum educational requirement for the State of New Hampshire is 750 hours. Our program is generally completed in 4 consecutive semesters or 16 months. The college catalog describes in detail what courses will be offered each semester.

2. What if I want to start by taking a summer course?

If you begin the program in the summer semester, you should register for Basic Anatomy and Physiology and possibly an elective that has no prerequisite. (Such as Aromatherapy, Reflexology, Self Care and Stress Management)

3. What if I want to spread the program out over more than four consecutive semesters?

You can take fewer courses each semester and take longer to complete the program in order to meet your needs. The key issue is creating a plan that takes into consideration when each course is usually offered. For example, Pathology is only offered in the spring.

4. What should I register for if I start in the Fall?

In order of priority, you should register for Swedish I, Basic Anatomy and Physiology and Oriental Theory. You can also register for Self Care and Stress Management as well as any electives that are offered in the fall.

5. Are there any prerequisites to becoming a massage therapist?

Yes. In NH you must be at least 18 years of age, have a high school diploma or equivalent and be in good mental and physical health.

6. Do I need a license or certificate to practice massage?

Yes and No. It depends on the state in which you plan to practice massage therapy. 41 states require some form of credentialing for massage therapists.

7. If I earn my NH license, does that mean I can practice in any state?

No. If you plan to move to another state you must check with that state licensing board to find out the educational requirements even though this program does exceed most state requirements.

8. What is the difference between certification and licensing?

Upon completion of any program that is a minimum of 500 hours (750 for NH) you are eligible to sit for the National Certification Written Exam. In NH, once you have graduated successfully from an accredited massage therapy program and have passed a National Certification Exam, you may apply for a state license.

9. What kind of job can I expect to acquire after graduation?

Many massage therapists are self employed, but with the emergence of massage in mainstream health care settings, many opportunities are available for employment. Clinics, spas, chiropractic offices, hospitals and corporate wellness programs are employing massage therapists.

10. What kind of income can I expect to earn as a massage therapist?

The self-employed massage therapist can charge anywhere from \$45 to \$75 per hour the first year of business. These rates are influenced and dictated by region, type of service and the experience level of the massage therapist. Overhead and taxes average 40 – 60% based on many different factors such as office space, tax bracket, insurance, vehicle use and such. The average number of massages per week is 20 clients if you are full time and 10 clients if you are part time. This may fluctuate with the seasons, location of your practice, and of course, how good you are!

Massage Therapists working in spas average between \$30 and \$40 an hour or are paid a percentage. Tipping is common in a spa setting.

11. Does insurance cover massage therapy?

It depends upon the situation and insurance company. Usually workman's compensation claims or acute injury due to a motor vehicle accident, with a referral from a doctor, will be covered. Have your client check with their insurance company first!

12. Does it matter if I am a male or female therapist?

Some clients have a personal preference for either a male or female therapist based on their comfort level and sometimes the practitioner's strength and ability to apply pressure. Your gender should not deter you from becoming a massage therapist. How you represent yourself is more important than being male or female.

13. How much does the River Valley program cost?

A NH resident will pay approximately \$8,500. in tuition, \$850. in books and \$500. for a massage table.

14. Is there financial aid available for part time students?

Yes. You must be matriculated into a program and take a minimum of 6 credit hours per semester to be eligible for financial aid. Scholarships and grants are also available.

15. Who do the students practice on?

During class time the students practice on each other. During the practicum sessions members of the college community as well as the general public can sign up for a student massage clinic. Students are presented with a wide variety of clients to practice on in order to gain valuable experience.

16. Who benefit from massage?

Everyone!

For more information regarding massage therapy as a career please visit:

<http://www.amtamassage.org>

<http://www.abmp.com>



**MESSAGE THERAPY PROGRAM
SITE VISIT SUMMARY**

Please type or print clearly:

Applicant: _____

Date: _____

Location: _____

Massage Therapist Interviewed: _____

Scope of Massage Therapy practice specific to the setting:

General Massage Therapy scope: _____

Type of clients served: _____

Settings where Massage Therapy can be found: _____

Therapy activities and modalities used: _____

Applicant Signature: _____ Date: _____

PLEASE RETURN TO:

Admission Office

One College Drive
Claremont, NH 03743



MASSAGE THERAPY PROGRAM QUESTIONNAIRE

INSTRUCTIONS: Briefly answer the following questions. This questionnaire is to be read by each college interviewer. It is important that you answer each question to insure that the interviewer has as much information as possible.

1. Why do you want to work in Massage Therapy?

2. Do you have any previous massage or bodywork training that you have taken prior to enrolling in this massage program? (Documentation required)

3. Please list any physical problems which may influence your performance as a Massage Therapist.

Applicant's Signature: _____ Date: _____

PLEASE RETURN TO:

Admission Office



One College Drive
Claremont, NH 03743



APPLICANT REFERENCE FORM

INSTRUCTIONS TO APPLICANT: Please fill in your name and program, and give this form to a person (preferably an employer or teacher) whom you feel has known you for a length of time and can adequately evaluate your potential for career training at our college. Reference(s) are required **PRIOR TO** consideration for admission. Please also sign the Waiver of Confidentiality on the reverse side if you wish to waive your right to review this form.

_____ is applying for admission to _____
 (Applicant's Name) (Name of Program)

program at this college. Your thoughtful and frank estimate of this candidate's qualification will be most helpful in consideration for admission and will be treated as confidential if waived by the applicant and used only by the Admissions Committee of this college. Please feel free to add any comments you may desire.

	CANDIDATE'S PERSONAL APPRAISAL	Better than Average	Average	Below Average	Entirely Unsatisfactory
1.	Is the applicant a hard worker?				
2.	Is the applicant a good producer?				
3.	Is the applicant enthusiastic?				
4.	Is the applicant resourceful?				
5.	Is the applicant ambitious?				
6.	Is the applicant courteous?				
7.	Is the applicant understanding?				
8.	How is the applicant's memory?				
9.	How is the applicant's health?				
10.	How is the applicant's habits?				
	CANDIDATE'S QUALITIES	Excellent	Good	Fair	Poor
11.	Personality				
12.	Dependability				
13.	Appearance				
14.	Manners				
15.	Judgment				
16.	Promptness				
17.	Attitude				
18.	Cooperation				
19.	Ability to learn new things				
20.	Awareness of the feelings of others				

River Valley Community College
 One College Drive
 Claremont, NH 03743- 9707
 Phone: (603) 542-7744, 1-800-837-0658
 Fax: (603) 543-1844
 rivervalley@ccsnh.edu



Keene Academic Center
 38 Washington St
 Keene, NH 03431
 Phone: (603) 357-2142
 Fax: (603) 357-0408
 rivervalley@ccsnh.edu

We would appreciate, also, any comments you may have regarding this applicant's honesty, integrity, and direction:

How suitable is this applicant for a career in: _____

(Name of program)

_____Excellent _____Very Good _____Fair _____Poor

Signature: _____ Date: _____

Print Name: _____

Position/Agency: _____

IF YOU ARE THE APPLICANT'S EMPLOYER, PLEASE COMPLETE THE FOLLOWING:

Date of applicant's employment: _____ (month/year) to _____ (month/year)

Position Held: _____ Quality of Work: _____

Reason for Leaving: _____

Would you Re-employ: _____ If Not, Why: _____

Additional Comments: _____

WAIVER OF CONFIDENTIALITY

Applicant: If you wish to waive your right to review this reference, please sign the statement below.

I, _____ wish to waive my right to review this reference form after it has been completed.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If applicant is under 18)

PLEASE RETURN TO:



**Admissions Office
One College Drive
Claremont, NH 03743**