

Harmony Path School of Massage Therapy  
"A great place to learn!"  
**Application Instructions**

Dear Applicant:

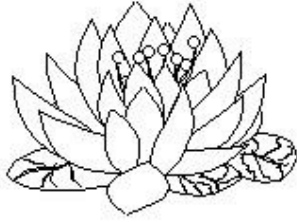
Thank you for your interest in our school. To apply, please print out this document, and follow these steps:

- 1) Complete the 2-page "Application for Admission" form, leaving no fields blank. Date and sign it on the bottom of the second page.
- 2) Complete the 1-page "Authorization To Conduct Personal Background Investigation" form.
- 3) Consult the 3-page "Fees and Payment Schedules" information, and then complete the "Credit Information" form.
- 4) Return the 3 forms covered in steps 1 through 3, along with the application fee of \$55, to:  
Harmony Path School of Massage Therapy  
20950 Center Ridge Rd., Suite 201  
Rocky River, OH 44116
- 5) Have your doctor fill out your "Medical Certification" form and submit it directly to our school.
- 6) Have your high school of graduation send our school a copy of your transcript, using the "Request for High School Transcript" form enclosed. Please have your high school check that each item required by the Medical Board is present on the transcript, to prevent delays in processing your request. PLEASE ALSO NOTE that if your name has **changed** from the name on your high school transcript, you must ALSO submit documentation to our school validating such name change(s) (copy of marriage license, court action, etc.).
- 7) Call us and schedule your school tour and interview.

If you have any questions about the application process, or need clarification, please call us, or send us an E-Mail from our website at: [www.harmonypath.org](http://www.harmonypath.org)

Thank you,

Frank Schwartz, Director  
Harmony Path School of Massage Therapy  
20950 Center Ridge Rd., Suite 201  
Rocky River OH 44116



# Harmony Path School of Massage Therapy

20950 Center Ridge Road, Suite 201

Rocky River, OH 44116

## APPLICATION FOR ADMISSION

Name:	Last:	First:	Middle Initial:
Address:	Street:		
	City:	State:	Zip:
Phone number with area code:	Date of birth:	Age:	Sex: <b>M</b> or <b>F</b>
E-Mail Address:		Maiden Name, If any:	
<b>Married</b> or <b>Single</b> ?	Term applied for: <b>Spring</b> or <b>Fall</b> , year: 20____	Program: <b>MP</b> or <b>MT</b>	
Person to notify in event of emergency (name & phone number):			
Names, addresses and phone numbers of 2 personal references, other than relatives:			
EDUCATION (circle highest level achieved): GED, High School, 2 yr. college, 4 yr. college, Postgraduate School			
High School Name:			Year graduated:
Address:			
College(s): Name and address		When attended:	Degree received
College(s): Name and address		When attended:	Degree received
Have you ever attended a massage school before? If yes, enter its name, address, and dates attended on the following line.			
Previous Massage School:			

Employment History		Present Occupation:		
Employers	Name and Address	Phone Number	Dates of Employment	May we Contact?
CURRENT				Y or N
PREVIOUS				Y or N

List all states/provinces in which you are licensed to practice massage or other health professions, whether license is current or not. If none, enter "NONE".

State	Issue Date	License #	Type of License	Is license current?

Please answer yes or no to the following three questions (yes answers will be discussed during your interview):

**YES NO**

- 1) Have you ever received disciplinary action from your school(s) or employer(s) for improper conduct or substandard performance?
- 2) Have you ever been convicted of a felony?
- 3) Do you have any ailment, disability or handicap that would impair your ability to study this material, participate in practicum, or practice this profession?

Do you plan to pay for your training with an initial, lump-sum payment for the semester, or by monthly installments (see Credit form for details)?

Please relate your reason for interest in the field of massage therapy, and any prior experience you have with massage therapy.

How did you hear about Harmony Path School of Massage Therapy?

Please read the following statement, and sign and date.

I have read and understood all of the requests for information in this application. I have answered each request truthfully and fully to the best of my ability. I understand that falsification of information acts as grounds for the refusal of my application, or for dismissal from the program. By my signature, I authorize Harmony Path School of Massage Therapy representatives or their assigns to investigate as they deem fit to validate this information.

Applicant Signature:

Date

**AUTHORIZATION TO CONDUCT  
PERSONAL BACKGROUND INVESTIGATION**

In connection with my application for enrollment at Harmony Path School of Massage Therapy, I understand that a consumer report which might contain public record information may be obtained. This report might include the following types of information about me:

- School records;
- Details of my employment history;
- Medical information;
- Police and law enforcement agency reports;
- Bureau of Motor Vehicle reports;
- Details of my credit and financial history, including bankruptcy proceedings;
- References and other information about me which may include information obtained from personal references, neighbors and friends as to my character, background, etc.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HARMONY PATH SCHOOL OF MASSAGE THERAPY OR ITS AGENT TO FURNISH THE ABOVE MENTIONED INFORMATION TO HARMONY PATH SCHOOL OF MASSAGE THERAPY OR ITS AGENT AT ANY TIME UNTIL MY AUTHORIZATION IS EXPRESSLY REVOKED IN WRITING.**

I hereby release and discharge Harmony Path School of Massage Therapy and any person or company conducting the investigation on its behalf from any and all liability that may arise out of the investigation of my background as set forth herein.

\_\_\_\_\_  
Print Applicant's name

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Driver's License Number: \_\_\_\_\_

State licensed in: \_\_\_\_\_

Birth date: \_\_\_\_\_

## **Fees and Finances**

### **Tuition – Ethical Massage Practitioner Program**

The cost of tuition for the class starting in March 2012 is \$2,550.

### **Additional Fees – Ethical Massage Practitioner (MP) Program**

Before a student may begin training, a preliminary education form must be obtained from the Medical Board – their current cost for processing is \$35.

In addition to tuition, there is an application fee of \$55.

The cost for textbooks for the semester is approximately \$437.

The purchase price of a miniature skeleton, used for anatomy class, is approximately \$60.

The purchase price of an oil holster and bottle is approximately \$14.

Student insurance is approximately \$40.

### **Tuition - Massage Therapy Program**

The cost of tuition for the class starting in March 2012 is \$8,850.

### **Additional Fees - Massage Therapy (MT) Program**

Before a student may begin training, a preliminary education form must be obtained from the Medical Board – their current cost for processing is \$35.

In addition to tuition, there is an application fee of \$55.

The cost for textbooks for the first semester is approximately \$437, and for the remainder of the training is approximately \$392.

The purchase price of a miniature skeleton, used for all three anatomy classes, is approximately \$60.

The purchase price of an oil holster and bottle is approximately \$14.

Student insurance is approximately \$40.

The transfer fee is \$790, if student is being permitted to transfer hours from another massage therapy school for placement beyond the first semester.

After graduation, the current cost charged by the Medical Board to attend the board exams is \$250, and for their background check is approximately \$85.

### **Payment Plan**

Harmony Path School tuition is paid by means of an installment plan. Under this plan, the student makes a down payment two weeks before the beginning of the first semester, and then monthly payments during each month of the semester. An example of the payments made under the installment plan is included below. Optionally, a student may pay the tuition for the entire semester at the start of each semester.

### **Payment Penalties**

Failure to make monthly payments on time incurs a late fee penalty of \$25 per incident. Students who are not current in their payments may not attend class (thus losing those hours) or graduate.

Payments that fail to clear due to insufficient funds or any other reasons incur a penalty of \$25 per incident, plus the late fee penalty.

If a student needs to repeat any semester(s) for academic reasons, another semester fee is added to the remaining tuition balance for each such repeat semester, and monthly payments are recalculated based on the new balance.

## **Fees and Finances (continued)**

### **Refund Policy**

(State Rules #3332-1-10) When a student is accepted into our program, we expect that student to have the commitment to follow the training to completion. The student's financial obligation is by semester. An enrollment agreement or application may be canceled within five calendar days after the date of signing provided the school is notified of the cancellation in writing and provided that the student has not already started classes. The school shall promptly refund in full all tuition and fees paid pursuant to the enrollment agreement. Such refund shall be made no later than thirty days after cancellation.

### **State Tuition Refund Policy** for courses on a clock-hour basis

- A student who starts class and withdraws before the academic term is fifteen per cent completed will be obligated for twenty-five per cent of the tuition and refundable fees plus the registration fee.
- A student who starts class and withdraws after the academic term is fifteen per cent complete but before the academic term is twenty-five per cent completed will be obligated for fifty per cent of the tuition and refundable fees plus the registration fee.
- A student who starts class and officially withdraws after the academic term is twenty-five per cent complete but before the academic term is forty per cent completed will be obligated for seventy-five per cent of the tuition and refundable fees plus the registration fee.
- A student who starts class and withdraws after the academic term is forty per cent completed will not be entitled to a refund of the tuition and fees.
- Students receiving VA Educational Benefits will receive the prorated refund required by the Department of Veteran Affairs.
- In the case of documented student illness or accident, death in the family, or other circumstances beyond the control of the student, the student shall be entitled to special consideration and the school may settle the account for an amount which is less than that called for by the school's established policy.

### **Installment Plan**

For enrollment in either program, the student makes a down payment two weeks before the beginning of the first semester. Then the monthly payments are due during the first week of each month of the remaining semester(s) – see the example below.

A student who has to repeat one or more semesters automatically begins making payments equivalent to a semester-month at the start of each successive month, following the installment plan outlined in this option.

**Fees and Finances (continued)**

**Installment Plan Payment Schedule**

(sample based on \$8850 MT program tuition; MP program = 1st semester of MT program)

Months	Payments	Balance
		\$8,850.00
down	\$450.00	\$8,400.00
Fresh		
1	\$350.00	\$8,050.00
2	\$350.00	\$7,700.00
3	\$350.00	\$7,350.00
4	\$350.00	\$7,000.00
5	\$350.00	\$6,650.00
6	\$350.00	\$6,300.00

Total paid during first term or EMP certificate program \$2,550.00

Soph

1	\$350.00	\$5,950.00
2	\$350.00	\$5,600.00
3	\$350.00	\$5,250.00
4	\$350.00	\$4,900.00
5	\$350.00	\$4,550.00
6	\$350.00	\$4,200.00

Total paid during second term \$2,100.00

Junior

1	\$350.00	\$3,850.00
2	\$350.00	\$3,500.00
3	\$350.00	\$3,150.00
4	\$350.00	\$2,800.00
5	\$350.00	\$2,450.00
6	\$350.00	\$2,100.00

Total paid during third term \$2,100.00

Senior

1	\$350.00	\$1,750.00
2	\$350.00	\$1,400.00
3	\$350.00	\$1,050.00
4	\$350.00	\$700.00
5	\$350.00	\$350.00
6	\$350.00	\$0.00

Total paid during fourth term \$2,100.00

Total paid for massage therapy program \$8,850.00

## Credit Information

You must complete and return this form to sign up for the monthly payment plan. NOTE that ALL monthly payments are due on the 1st of each month. This is true whether or not school is in session – payment is still due even during holidays and term breaks. In addition, all payments either not submitted or postmarked by three (3) days past due will be assessed a late fee of \$25.00. Tuition must be paid in full before graduation. Class cannot be attended unless tuition is current to the month.

### Monthly Payment Application

Name:	Last:	First:	Middle Initial:
Address:	Street:		
	City:	State:	Zip:
Student SSN:		Name of Person Responsible for Payments	
<b>The following information concerns person responsible for making payments</b>			
Name:		Relationship to Student:	
Address:		Phone number:	
Bank Branch:		Account number:	
SSN:		Employer:	
Employer Address:			
Immediate Supervisor:		Supervisor Phone Number:	

OWN HOME     RENT    Please give name and address of landlord or mortgage company.

11. LIST TWO (2) CREDIT REFERENCES (Name, complete address, and phone number)

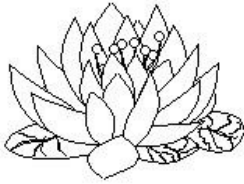
(A) \_\_\_\_\_

(B) \_\_\_\_\_

The facts set forth in this application for credit are true and complete. I understand that I am responsible for payment of any reasonable collection charges and attorney fees on returned checks. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Harmony Path School of Massage Therapy

20950 Center Ridge Road, Suite 201

Rocky River OH 44116

## MEDICAL CERTIFICATION

Student:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

The above student has applied to the Harmony Path School of Massage Therapy. This training requires that the student therapist often be in physical contact with other students and the general public. For this reason we feel that the following information is important to the School. Please examine this potential student and complete the following. Thank you.

I hereby certify that I have examined \_\_\_\_\_ and he/she does NOT suffer from any infectious or communicable disease nor any other health or physical conditions which would interfere with the practice of massage therapy.

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

Physician's Name \_\_\_\_\_  
(Please Print Or Type)

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

