

# COMO Institute of Massage & Bodywork Information

## Admission Requirements

- The application deadline is 45 days prior to program start date (see catalog supplement). Candidate selection is a competitive process and class sizes are limited. Students will be selected upon evaluation of required forms, personal interview, and background check.
- Candidates may submit applications after the deadline, but those applications will not be given preference. If the program is not filled, applications will continue to be accepted until the class is filled.
- Students must be at least 18 years of age by the start date.
- Students must acknowledge that they are physically and emotionally capable of performing and receiving massage from a diverse population.
- Students must acknowledge that they possess the physical mobility and dexterity necessary for performing massage therapy services.
- Students must possess a minimum proficiency in the English language including the ability to read, write, and speak.
- Students must be legally entitled to live and work in the United States.
- Students must complete an application form and submit it with the following required documentation:
  - Proof of education credentials, acceptable documentation includes one of the following:
    - Official high school transcript and high school diploma
    - GED or HISET certificate
    - Homeschool credential recognized by the state of Missouri
    - Official college transcript indicating successful completion of at least a two-year program
  - Copy of photo ID (State Government issued I.D., Driver's License, or Passport) with proof of age
  - Three (3) recommendation forms
  - Explanation of background if required (see application)
  - Essay (see application form for content)
  - Proof of citizenship
  - Green card or Visa (if non-citizen)
  - Medical release documentation (tuberculosis (TB) results)
  - Medical disclosure form
  - Read the program catalog. The catalog contains information that will become part of the student's agreement with the COMOIMB.
  - Application fee of \$25
  - Once the student's application has been reviewed, the student will be contacted for a personal interview with a school representative. Candidates are asked questions about goals and expected outcomes of their education. At this time, a name-based background check will be performed.
    - The name-based background check is used to assess a potential student's ability to obtain a Missouri Massage Therapy license, however it is not the same as the FBI background check required by the state. In order for a student to be eligible for a Missouri Massage License they are required to submit fingerprints for an FBI background check.
  - Upon acceptance the student must provide the following, to confirm attendance:
    - A complete and signed enrollment agreement contract
    - \$100 administrative fee
    - \$1000 deposit

**Before you submit your application, please check that you have included all the following to apply for enrollment!**

- Copy of High School or College Diploma, GED, or Official Transcript
- Copy of photo ID (State Government issued I.D., Driver's License, or Passport) with proof of age
- Three (3) verifiable recommendation forms
- Typed explanation of background if required (see pg. 2 of application)
- Typed Essay (see pg. 2 of application form for content)
- Proof of citizenship or Student Visa if non-citizen
- Medical release documentation (TB results)
- Medical disclosure form
- Things to Know and Questions to Consider form
- Completed application form (please type or print clearly)

**Mail completed application form and all required information in one large envelope to:**

COMO Institute of Massage & Bodywork  
1301 Vandiver Drive  
Suite A  
Columbia, MO 65202

**Or, upload a copy and email it to:** [admin@comoimb.com](mailto:admin@comoimb.com)

**Please call with any questions:** 573-347-0380

# COMO Institute of Massage & Bodywork Student Application

## Applicant Information

Name (Last, First, Middle Initial)		DOB
Phone	Email	
Address		
City	State	Zip
U.S. Citizenship Status (Check one and list ID number if applicable): <input type="radio"/> Citizen/National <input type="radio"/> Eligible non-citizen		Alien ID Number/ Expiration:
Emergency Contact Name	Relationship	Phone

## Education

Name of High School/ College	City and State	Dates of Attendance/ Graduation

## Current Employer

Name	Position	Dates Employed
Supervisors Name		Phone

## Please answer the following questions

1. Have you ever received a professional massage?  Yes     No
2. Do you know anyone in the massage therapy profession?  Yes     No
3. Are you at least 18 years old?  Yes     No
4. Will you devote adequate time to your studies if you are accepted?  Yes     No
5. How did you first learn or become interested in the massage program?

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6. Shirt size: (XS, S, M, L, XL) \_\_\_\_\_

## Essay

Please attach a typed, 1-2-page essay explaining the following:

- ✓ What most interests you about a career in the field of Massage Therapy?
- ✓ Potential impact of education on your personal obligations?
- ✓ Explanation of any education/experience you have in massage or health field?
- ✓ Any pertinent information you would like to share about yourself?
- ✓ How you plan to finance your education?

## Background Information

Please answer the following questions, by placing an "X" or check mark in the applicable box. If a box is checked "YES" the applicant must supply a detailed, written explanation on a separate sheet of paper regarding the response.

	YES	NO
1. Have you ever been issued a professional license, certification, registration, or permit by any state, United States territory, commonwealth, or District of Columbia? If yes, below please list from where, license/certificate number, status of license, and status. State _____ License number _____ Status _____		
2. Have you ever been arrested, charged, subject to prosecution, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed? Applicants must answer "yes" and <b>provide a written explanation</b> even if a suspended imposition of sentence or suspended execution of sentence was received/ordered. <b>If "yes", are you currently on probation?</b>		
3. Have you ever been arrested, charged, convicted, subject to prosecution for, indicted, found guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from the use of drugs or alcohol? Applicants must answer "yes" and <b>provide a written explanation</b> even if a suspended imposition of sentence or suspended execution of sentence was received/ordered. <b>If "yes", are you currently on probation?</b>		
4. If accepted into the program, I understand that is required by the Missouri Board of Therapeutic Massage that I must submit two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI).		
5. Massage Therapy is a physically demanding form of work. Do you have any physical/medical condition which would in any way impair or limit your ability to perform the duties of a massage therapist with reasonable skill and safety? If yes, please provide a written explanation.		

## Disclaimer and Signature

I, \_\_\_\_\_ have completed that application to the best of my ability and I declare that all information is true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

# COMO Institute of Massage & Bodywork

## Medical Release Documentation

Dear Student:

The COMOIMB Massage Program requires all students to be tested for tuberculosis prior to beginning the program. This test is an intra-dermal antibody test that requires the individual being tested to return to the medical facility 48-72 hours to be read after being planted. Test results must be dated within one year of beginning your program. If you have had a TB test in excess of one year of your start date, you must have another.

We are dedicated to promoting a healthy environment for our students, staff and clients. Testing can be performed by your regular physician, clinic or hospital. Should you test positive, you are required to undergo proper treatment as prescribed by a medical doctor and/or have the results of a chest x ray with your physician stating you are able to fully participate in the program without risk to others.

Please have your physician complete the documentation below or have them supply their own documentation of your test results. Submit results before beginning the program. This is a requirement for admission to our program.

This is to certify that \_\_\_\_\_ Date of Birth \_\_\_\_\_  
has been test for:

- Tuberculosis (TB)

**Please circle results:**

Positive

Negative

If positive, course of treatment:			
Begin date of treatment		End date of treatment	
Physicians Name Printed			
Name of Medical Practice		Phone Number	
Address	City	State	Zip

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

# COMO Institute of Massage & Bodywork

## DISCLOSURE OF POTENTIAL ADVERSE SIDE EFFECTS

Please be informed that in certain limited circumstances, massage can possibly have adverse side effects for persons with certain physical or mental conditions. If you have been or currently are under the care of a doctor, therapist, or medical practitioner of any kind, or if you are concerned that your participation in any class or massage activity may possibly result in an adverse side effect, it is your responsibility to contact your doctor, therapist, or medical practitioner and obtain his/her permission to participate in the massage program. Your enrollment in the COMOIMB Massage Program constitutes your voluntary acceptance of any possible adverse side effects and your full release of COMOIMB Massage Program and its personnel from any liability relating thereto.

### Medical History

Part of your learning in class will be related to massage contraindications. We require the following medical history information to ensure your safety when you receive massage in class. Please check any of the following that apply to you and explain any important details.

✓	Condition	Details
	Asthma	
	Contagious skin condition	
	Recent accident/injury/surgery	
	Current fever/swollen glands	
	Cancer	
	High/low blood pressure	
	Allergies	
	Open sores or wounds	
	Joint disorders/ artificial joint	
	Osteoporosis	
	Epilepsy	
	Diabetes	
	Varicose veins	
	Are you or could you be pregnant?	
	Current medications	
	Other	
	Vision or hearing impairment	
	Learning disabilities	

\_\_\_\_\_  
*Applicants Printed Name*

\_\_\_\_\_  
*Applicants Signature*

\_\_\_\_\_  
Date

COMO Institute of Massage & Bodywork  
Applicant Recommendation Form

**APPLICANT INSTRUCTIONS**

Provide a copy to each person who will be completing a recommendation on your behalf. Give this form, along with an envelope, to each of your recommenders. When you have collected all completed recommendation forms, return them with your application.

\_\_\_\_\_  
*Applicants Name*

\_\_\_\_\_  
*Date*

**RECOMMENDERS INFORMATION**

The applicant named above is applying for admission to COMOIMB Massage Program. Please complete the recommendation form, **place the form in an envelope, seal, sign your name over the seal**, and return the sealed envelope to the applicant.

Recommenders Name		
Institute/ Organization	Title	
Phone	Email	
Relationship to Applicant: <input type="radio"/> employer/supervisor <input type="radio"/> teacher/professor <input type="radio"/> other		
How long have you known the applicant?	Years	Months

**APPLICANT EVALUATION**

Please respond to all questions below by checking the appropriate box.

Abilities	Excellent	Good	Poor	Don't know
Sense of commitment				
Communication skills				
Attitude				
Maturity				
Reliability				
Ability to work with others				

**Recommenders Statement**

Please explain why you think this applicant would be suitable for the program. (Use a separate sheet of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Recommenders Signature*

\_\_\_\_\_  
*Date*

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Recommenders Signature*

\_\_\_\_\_  
*Date*



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Attitude				
Maturity				
Reliability				
Ability to work with others				

**Recommenders Statement**

Please explain why you think this applicant would be suitable for the program. (Use a separate sheet of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Recommenders Signature*

\_\_\_\_\_  
*Date*

# Things to Know and Questions to Consider

## Please read and initial by each statement

1. \_\_\_\_ On a regular basis you will be giving and receiving massages. Are you comfortable exploring the professional touch of massage with others regardless of gender, race, beliefs, marital status, disabilities or culture?
2. \_\_\_\_ Massage education is a highly experiential and requires full participation. There are no excused absences or tardies. Students are required to make-up missed time regardless of the reason. Are you willing to be punctual and attend class on a regular basis? Will you plan work and family responsibilities accordingly?
3. \_\_\_\_ Massage therapists communicate with clients and other health care professionals on a regular basis. Are you proficient with speaking, writing, and reading basic English?
4. \_\_\_\_ Massage is a physically demanding profession. Do your joints move without undue restriction or pain from previous or present injury or degeneration? Are you capable of sitting or standing for long periods?
5. \_\_\_\_ Massage therapists work by appointment and last-minute changes can occur. Do you have good time management skills? Can you stay calm amid change?
6. \_\_\_\_ Massage education is academically challenging. You are expected to be prepared for all lectures, projects, quizzes, exams, etc. You should plan study time in addition to the time spent in class. Will you devote adequate time to your studies if accepted?
7. \_\_\_\_ Massage students are always required to keep their nails short. Are you willing to cut your fingernails to fingertip length?
8. \_\_\_\_ In the professional massage setting and while attending the massage program you will be required to adhere to a professional dress code. This includes being in a uniform (student clinic/ job only), practicing exceptional hygiene, wearing professional makeup and hair appropriate for massage therapists, and not smoking during work or class hours. Are you willing to comply with a professional dress code and exceptional personal hygiene?
9. \_\_\_\_ Those enrolled in massage education are expected to apply for massage licensure. All applicants for Massage Licensure must submit a criminal background check. Do you understand that, licensure may be delayed or denied for applicants with a previous felony or misdemeanor; and all applicants with a previous conviction may be required to meet face-to-face with the Missouri Board of Therapeutic Massage before license is issued?
10. \_\_\_\_ Massage education prepares students for the Massage and Bodywork Licensure Exam. Do you understand that the massage program does not guarantee the passage of the MBLEx (Massage and Bodywork Licensing Exam) as part of a state requirement for massage therapy licensure? Success is enhanced by diligent review of course work, regular class attendance, participation in the Licensure Prep course, and other outside resources.

I \_\_\_\_\_ have read and understand the Disclosure of the COMOIMB Massage Program that were provided to me prior to accepting a seat in the program.

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*Applicants Signature*

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Date