



Body Wisdom, Inc.
 8401 Douglas Avenue #2 , Urbandale, Iowa 50322
 (515) 727-4890
 G.Kelley@bodywisdomschool.com
 www.bodywisdomschool.com

Form 021924

Application – 900-Hour Massage Therapy Certification Program *(Ask our student counselor for assistance!)*

Please print:

(Last Name)		(Middle Initial)	(First Name)		(Social Security No.)	
(Street Address)			(City)	(State)	(Zip)	
(Date of Birth)		(Home Phone)		(Cell Phone)		(Work Phone)
(Personal E-Mail)				(Current Occupation)		

Student Contacts & Functions: Please complete the information for each contact and specify which function they can provide on your behalf as need be. If not specified the school will assume that a contact should provide any and all of them. Body Wisdom Inc. requires at least three persons each for the first three functions.

(Student Contact Person)	(Cell Phone)	(Home Phone)	(Work Phone)	(Relation)
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(Contact Mailing Address)	(Contact E-mail)
<input type="checkbox"/> In case of an emergency Body Wisdom Inc. may contact above person to inform them of my condition and/or request that they make decisions on my behalf. <input type="checkbox"/> Above person shall provide my address, phone number, e-mail or other contact information in case Body Wisdom Inc. is not able to reach me. <input type="checkbox"/> Above person shall give a reference about me to Body Wisdom Inc. with regard to my person and, in case of school financing, about my financial standing. <input type="checkbox"/> Body Wisdom Inc. may share or request information about my academic program and progress with/from above person. <input type="checkbox"/> Body Wisdom Inc. may share or request information about my financial standing and student account with/from above person.	

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How did you hear about the school?

Have you had a professional massage session - If so, when?

List your experience in massage related areas if applicable (body work, nursing, psychology, helping professions)

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What is your personal and/or professional goal for enrolling in this program?

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I. Core Program	Course Hours	Fees/Texts/Equipment	Notes	Course Date	Totals
Therapeutic Massage Level 1	52	\$ 160			
Therapeutic Massage Level 2	52	\$ 120			
Therapeutic Massage Level 3	52	\$ 120			
Anatomy: Bones & Muscles	48	\$ 150	(\$190 If taken w/out Kin)		
Kinesiology	52	\$ 120	(\$160 If taken w/out B&M)		
Physiology	56	\$ 190			
Pathology	44	\$ 180			
Business, Marketing & Chair Massage	56	\$ 250			
Student Clinic Course	128	\$ 450		TBD	
	Total Core Hours: 540	Total Costs/Fees Core: \$1,740			\$1,740.00
II. Elective Menu (Select 360 hours):	Circle Selections:	Circle Selections:			
Orthopedic (Clinical Sports) Massage	96	\$219			
Traditional Thai Massage on the Mat	96	\$319*	*pro-rate w/out materials		
Deep Tissue Massage	48	\$119			
Myofascial Therapy	48	\$129			
Positional Release Technique	48	\$129			
Hot & Cold Stone Therapy	48	\$694*	*pro-rate w/out materials		
Acupressure	48	\$134			
Foot Reflexology	48	\$119			
Lymphatic Drainage Massage	48	\$134			
Clinical Aromatherapy & Massage	48	\$194			
Maternity & Infant Massage	48	\$134			
Barefoot Bars Deep Tissue	32	\$134			
Neuromuscular Massage	24	\$129			
SansHands Flow™	24	\$109			
Bamboo Massage	24	\$374			
Clinical Hydrotherapy	24	\$174			
Thai Massage on the Table	24	\$124			
Hot Stone LomiLomi	24	\$294*	*pro-rate w/out materials		
European Spa Specialties	24	\$234			
Thai Foot Massage	24	\$129			
Geriatric (Elderly) Massage	24	\$134			
Craniosacral Therapy Level 1	24	\$124			
Craniosacral Therapy Level 2	24	\$ 94			
IASTM Instr. Ass. Soft Tissue Mobilization	16	\$ 89			
Fusion 16 – “Best-of-BWS” Collection	16	\$ 89			
Rock to Relax: Pulsing	16	\$ 89			
Rock to Relax: Rebalancing	16	\$ 89			
Thai Herbal Spa	16	\$119			
Premier Spa – Indonesia	16	\$119			
Sea Shell Massage	16	\$234*	*pro-rate w/out materials		
Ayurvedic Shirodhara	16	\$ 89			
Hot Stone Reflexology	16	\$264*	*pro-rate w/out materials		
Sound Infused Massage Therapies	16	\$119			
Oncology & Hospice Massage	16	\$109			
Reiki Intensive	16	\$ 89			
Reiki Master Course	16	\$ 89			
Himalayan Salt Stone Massage	8	\$109			
Your Crown & Glory: Head Massage	8	\$ 64			
Dreamy Face Sequence	8	\$ 64			
Crazy Good Neck Work – Version 1	8	\$ 64			
Crazy Good Neck Work – Version 2	8	\$ 64			
Ease the Load: Shoulder Work	8	\$ 64			
Embracing Life: Arms & Hands	8	\$ 64			
Soothing Belly Work: Abdominal Sequence	8	\$ 64			
I've Got your Back: Special Back Techniques	8	\$ 64			
Move Freely: Pelvis & Hips	8	\$ 64			
Stand your Ground: Legs & Feet	8	\$ 64			
Relax: Ear & Hand Reflexology	8	\$ 64			
Stretching – Tai Chi – Qigong – Lower Body	8	\$ 64			
Stretching – Tai Chi – Qigong – Upper Body	8	\$ 64			
Cupping: Myofascial Decompression	8	\$ 74			
Intuitive Hands-On Energy Work	8	\$ 64			
Please select total of exactly 360 Hours:		Total:		Elective Fees:	
				Total Tuition:	\$16,740.00

Total Program Cost:

Applicant Initials:

III. Equipment:

(page 3 of Application Form)

Students are required to practice outside of class and need appropriate equipment, such as a professional massage table. Proper choice of equipment is determined by the individual career track program. Body Wisdom offers a variety of equipment and supplies. Terms and conditions for such purchases are regulated by the given vendors. All expenses have to be paid in full at the time of purchase.

IV.: Payment & Terms: A non-refundable Registration Fee of \$175 (charged in case of registration) must be submitted with this completed Application Form together with a photo copy of the applicant's legal ID. Full program costs are invoiced upon registration and divided into two pay periods, due as follows: The amount of the first pay period is due 30 days prior to the program start date. The amount for the 2nd pay period is due 14 days prior to the calendar day on which 451st program hour falls. In case of Financial Aid, the student must complete 450 program hours, 24 weeks, and meet GPA prior to fund disbursement proceedings for the 2nd pay period. In-House financing includes a 1.5% origination fee & 8% annual interest starting after 6 months.

Financing: Check to apply for in-house financing. Check if you apply for Federal Student Aid and go to: www.fafsa.ed.gov to fill out your FAFSA information.

V.: Institutional Refund Policy: In the event a student withdraws from Body Wisdom School prior to completing all requirements for graduation, or drops an individual or CE course, a fair and equitable settlement will apply and the student may be eligible for a credit or refund. Any monies due the applicant or student shall be refunded within 45 days of official cancellation or withdrawal. Official cancellation or withdrawal shall occur on the earlier of the dates that:

1. an applicant is not accepted by Body Wisdom School. The applicant shall be entitled to a refund of all monies paid.
2. a student (or legal guardian) cancels his/her enrollment in writing within three business days of signing the enrollment agreement, but prior to starting classes. In this case all monies collected by Body Wisdom School shall be refunded, less the non-refundable Registration Fee, regardless of whether or not the student has actually started classes.
3. a student cancels his/her enrollment after three business days of signing the enrollment agreement form but after starting classes. In these cases he/she shall be entitled to a refund of all monies paid to Body Wisdom School less the non-refundable Registration Fee and less the \$150 cancellation/termination fee. In case the school retains/receives 100% of Total Tuition/Costs/Fees, the \$150 cancellation/termination fee will not be charged.
4. a student notifies the institution of his/her withdrawal in writing.
5. a student on an approved leave of absence notifies the Body Wisdom School that he/she will not be returning. The date of withdrawal shall be the earlier of the date of expiration of the leave of absence or the date the student notifies the institution that the student will not be returning.
6. a student is expelled by Body Wisdom School. (Unofficial withdrawal will be determined by the institution by monitoring attendance at least every 14 days.)

In type 2, 3, 4 or 5, official cancellations or withdrawals, the cancellation date will be determined by the postmark on the written notification, or the date said notification is delivered to the Student Counselor or Director in person.

For students who enroll and begin classes, but withdraw prior to program completion (after three business days of signing the contract), the following schedule of tuition, costs, and fees earned by Body Wisdom School applies. All refunds are based on scheduled course and set numbers of applicable clinic hours as shown below:

Percent of Scheduled Time Enrolled to End of 900-Hour Program	Percent of Total Program Tuition/Costs/Fees Body Wisdom School Shall Retain/Receive
NOTE: In case enrolled regular course hours exceed 24.9% an additional set amount of student clinic course hours will be added to calculate the final Percentage of Scheduled Time Enrolled to End of 900-Hour Program as indicated below (regardless of custom student schedules). This may result in a higher percentage bracket on the right column.	
0.01% to 04.9%	10%
5% to 09.9%	20%
10% to 14.9%	30%
15% to 24.9%	40%
25% to 34.9%	50%
NOTE: Ten set student clinic hours are added to regular course hours for final percentage calculation	
35% to 45.9%	60%
NOTE: Thirty set student clinic hours are added to regular course hours for final percentage calculation	
45% to 59.9%	75%
NOTE: Fifty set student clinic hours are added to regular course hours for final percentage calculation	
60% and over	100%
NOTE: Seventy set student clinic hours are added to regular course hours for final percentage calculation	

- All refunds will be calculated based on the student's last date of attendance. Any monies due a student who withdraws shall be refunded within 45 days of a determination that a student has withdrawn, whether officially or unofficially. In the case of disabling illness or injury, death in the student's immediate family or other documented mitigating circumstances, a reasonable and fair refund settlement will be made. If permanently closed or no longer offering instruction after a student has enrolled, Body Wisdom School will provide a pro rata refund of tuition to the student OR provide course completion through a pre-arranged teach out agreement with another institution. If the certification program is canceled subsequent to a student's enrollment, the school will either provide a full refund of all monies paid or completion of the course at a later time. If the certification program is canceled subsequent to a student's enrollment, Body Wisdom School will either provide a full refund of all monies paid or completion of the certification program at a later time. If the certification program is cancelled after students have enrolled and instruction has begun, Body Wisdom School shall provide a pro rata refund for all students transferring to another school based on the hours accepted by the receiving school OR provide completion of the program OR participate in a Teach-Out Agreement OR provide a full refund of all monies paid.
- Students who withdraw or terminate prior to program completion are charged a cancellation or administrative fee of \$150.00. This refund policy applies to tuition and fees charged as detailed in the enrollment agreement. Other miscellaneous charges the student may have incurred at the institution (EG: extra course materials, books, products, unreturned school property, etc.) will be calculated separately at the time of withdrawal. All fees are identified in the application form and with the enrollment agreement.
- If a Title IV financial aid recipient withdraws prior to program completion, a calculation for return of Title IV funds will be completed and any applicable returns by Body Wisdom School shall be paid, as applicable, first to unsubsidized Federal Stafford Student Loan Program; second to subsidized Federal Stafford Student Loan Program; third to Federal Pell Grant Program; fourth to other Federal, State, private or institutional student financial assistance programs; and last to the student. After all applicable returns to TIV aid have been made, this refund policy will apply to determine the amount earned by Body Wisdom School and owed by the student. If the student has received personal payments of Title IV aid, he/she may be required to refund the aid to the applicable program.
- Veterans Only: The Amount charged to the Student for tuition, fees and other charges when only a portion of a program is completed shall not exceed the approximate pro rate portion of the total charges for tuition, fees and other charges that the length of the completed portion of the course bears to its total length. Refunds will be made within 30 days after the last class attended, or the effective date of the withdrawal or termination. This policy is in compliance with the requirements of Title 38 CFR 21.4255.

Termination Date/Withdrawal Date (Official/Unofficial/Withdrawal):

The last date of attendance would be the last day the student was physically in attendance at the school. A withdrawal date on a student who had been previously attending could be up to, but not to exceeding, 14 calendar days from that student's actual last date of attendance. An active student officially withdraws when they notify the school's administrative office of their intention to withdraw from Body Wisdom School. An active student is considered unofficially withdrawn when they have been absent for 10 consecutive class days (14 calendar days) from their last date of physical attendance without notifying the school's administrative office.

Refund for Veteran Benefit Program Participants - A student who receives Veteran's benefits must provide written notice of cancellation to receive a refund. Refunds for all courses starting after the receipt of cancellation will be calculated on a pro-rata percentage based on the in-class hours of the program, minus 10% of the total amount. \$10 is deducted from refunds on registration fees. No refunds are given for materials and equipment.

Refund in Case of Military Deployment - Per IA Code 261.9(g)1, If a student is a member, or the spouse of a member if the member has a dependent child, of the Iowa national guard or reserve forces of the United States and who is ordered to national guard duty or federal active duty: A) Withdraw from the student's entire registration and receive a full refund of tuition and mandatory fees. B) Make arrangements with the student's instructors for course grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the student's registration shall remain intact and tuition and mandatory fees shall be assessed for the courses in full. C) Make arrangements with only some of the student's instructors for grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the registration for those courses shall remain intact and tuition and mandatory fees shall be assessed for those courses. Any course for which arrangements cannot be made for grades or incompletes shall be considered dropped and the tuition and mandatory fees for the course refunded.

VI. Academic Year & Program Length:

The academic year is a calendar year. The Full-Time 900-Hour Certification Program Length is 12 months or 48 weeks, averaging 17.75 hours/week; the Part-Time 900-Hour Certification Program Length is 18 months or 72 weeks, averaging 12.5 hours; both with a 1.5 maximum completion rate. FT or PT status is determined with your course date selection. On-time completion is a compliance requirement.

VII. Additional Information (use more paper if needed):

List your highest education or degrees: (High school / college / university / vocational school / other)

In case of Highschool, did you seek/start any higher education program at some point? If so, please name:

Is your current health: _____ Excellent _____ Good _____ Satisfactory _____ Poor ? Do you use any medications: Yes / No

Are you physically or mentally challenged in any way? Pleaes include learning challenges or disabilities:

You will be required to inform the school in case of pregnancy—are you currently pregnant?

Are you new to recovery within last 12 months (examples: substance or other addictions);

Have you had a communicable disease in the last two years (examples: hepatitis, lice, HIV, scabies, etc.)?

Please describe any past / recent injuries:

Have you ever been charged with a felony, crime or assault—please list below. NOTE: Incorrect information or lack of disclosure may affect acceptance or result in termination of a Certification Program at your full expense. (Criminal back ground checks may be conducted at any time.) For questions regarding licensure eligibilty based on legal history, please contact your local state massage board.

What would you consider your challenges:

What would you consider your strengths:

Your Racial/Ethnic Designation:

Hispanic or Latino, regardless of race

For Non-Hispanic/Latino individuals

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Two or More Races

- Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native- A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American- A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Nonresident alien - A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely. NOTE - Nonresident aliens are to be reported separately, in the boxes provided, rather than included in any of the seven racial/ethnic categories. Resident aliens and other eligible (for financial aid purposes) non-citizens who are not citizens or nationals of the United States and who have been admitted as legal immigrants for the purpose of obtaining permanent resident alien status (and who hold either an alien registration card (Form I-551 or I-151), a Temporary Resident Card (Form I-688), or an Arrival-Departure Record (Form I-94) with a notation that conveys legal immigrant status such as Section 207 Refugee, Section 208 Asylee, Conditional Entrant Parolee or Cuban-Haitian) are to be reported in the appropriate racial/ethnic categories along with United States citizens.
- Race and ethnicity unknown - This category is used only if the person did not select EITHER a racial or ethnic designation.

VIII. Complete Application for Enrollment into a 900-Hour Massage Therapist Certification Program as follows:

1. Complete all four pages of this document to the best of your knowledge (you may schedule to this with the assistance of our student counselor). Sign and date below.
2. Provide a photo of your legal picture ID (s. a. driver’s license).
3. Submit payment of the \$175 non-refundable Registration Fee – only charged once the school proceeds with registration (choose one of below options):

Enclosed is a check or cash in the amount of \$175.

Please charge my debit/credit card in the amount of \$175: Card #: Exp.:

CVC Code: Cardholder Name: Cardholder Signature:

Card Billing Address (if different from pg. 1)

I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD AND AGREED TO MY RIGHTS AND RESPONSIBILITES AS STATED WITH THIS FORM.

Aplicant’s Signature

Date