



THERAPEUTIC
TRAINING CENTER, INC.

Integrating Chinese Medicine into Massage Therapy (ICMMT) Certification -- Application Form

Name					
Address					
City		St		Zip	
Phone					
Email					
Birth Date					

Which ICMMT certification program are you interested in?	Start Date:
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What prerequisite class did you attend? Name & Date:

What name do you wish to appear on your Program Certificate?

List any state or national professional organizations you currently belong to.			
Name		Exp Date	
Name		Exp Date	
Name		Exp Date	
Name		Exp Date	

List the date (month/year), state and profession you were first licensed in.

Name: _____

Please answer the following on a separate sheet of paper if you need more space. Be specific and detailed.

Why do you wish to learn “Integrating Chinese Medicine with Massage Therapy” with Raizelah Bayen, hosted by the Therapeutic Training Center? Discuss your purpose for enrolling in our program and what you hope to gain from it.

This program requires a substantial commitment (classes, practice hours, study time, etc.). Are there any challenges (time, financial, family, work schedule, transportation, etc) that may affect your ability to meet these requirements?

What is your current occupation and/or practice specialty: Please give a general account of your work history, particularly related to manual or movement bodywork. Include your average number of clients per week for the past year and years in practice.

With regard to giving/receiving our techniques, do you have any physical, cognitive or emotional challenges or needs that require consideration inside or outside class? (e.g., injuries, stamina, trauma history, learning disabilities, issues with aromatherapy, etc.)

What is your academic and licensing background: List degrees or certifications earned, name of school and date of graduation. Include both academic and professional education.

Name _____

Please check the box by the payment plan of interest.

Certification Payment Plans - Base Tuition is \$2,120		
Option 1 – 2-Payment Plan <input type="checkbox"/>		
Initial Deposit:	\$ 250.00	Due: deposit due upon registration; \$100 non-refundable
Payment 1		
Payment 2	\$ 935.00	Due: on or before Jan 25, 2025
Total Tuition	<u>\$ 935.00</u>	Due: on or before Apr 19, 2025
	\$2,120.00	
Option 2 -- Upfront Payment <input type="checkbox"/>		
Initial Deposit:	\$ 250.00	Due: deposit due upon registration; \$100 non-refundable
Tuition Balance	<u>\$1,870.00</u>	Due: on/before Jan 25, 2025
Total Tuition	\$2,120.00	
Option 3 Monthly Payment Plan * <input type="checkbox"/>		
Initial Deposit:*	\$ 250.00	Due: deposit due upon registration; \$100 non-refundable
Jan 25, 2025	\$ 311.67	
Feb 22, 2025	\$ 311.67	
Mar 22, 2025	\$ 311.67	
Apr 19, 2025	\$ 311.67	
May 17, 2025	\$ 311.67	
Jun 7, 2025	<u>\$ 311.65</u>	
Total Tuition	\$2,120.00	

Note: Students who register for the Certification Program within 14 calendar days after their prerequisite class will receive a \$100 discount on their deposit.

Additional Expenses (estimated)	
Table Foam Pad (required)	\$20-\$200
Booklets (required)	\$114
Essential Oils (required)	<u>\$526</u>
Total Additional Expenses	\$660-840
* Additional Expenses will vary based on actual shipping and sales tax. Essential oils and booklets may be picked up in class or shipped directly to you. Some students may already have some of the needed supplies and do not have to repurchase them.	

Initial deposit due with application: Please make checks out to: <i>Therapeutic Training Center</i>
Please mail the application & any attachments with deposit check to: <i>Therapeutic Training Center, PO Box 66864 Seattle, WA 98166.</i>
Except for the initial deposit, all other payments may be made by check, credit card or cash.

Attachments to be included with the application: <ul style="list-style-type: none">• Photo or copy of photo -- 4" x 6" or passport size (photo should only include you)• Copy of your current professional license• Copy of the face page of your current professional insurance
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