

# Transfer Student

## *Information Packet*



*Admissions Office*

# CONTACT US:

## By Mail

The Center for Natural Wellness  
School of Massage Therapy  
3 Cerone Commercial Drive  
Albany, NY 12205

## By Phone

518.489.4026

## By Fax

518.489.0522

## On the Web

[www.cnwsmt.com](http://www.cnwsmt.com)

## Director of Admissions

Dawn Danis  
[admissions@cnwsmt.com](mailto:admissions@cnwsmt.com)

## Admissions Representative

Debra Donatto  
[ddonatto@cnwsmt.com](mailto:ddonatto@cnwsmt.com)

## Financial Aid Administrator

Nathan Giordano  
[financialaid@cnwsmt.com](mailto:financialaid@cnwsmt.com)

## Registrar/Bursar

Michael Vaughn  
[registrar@cnwsmt.com](mailto:registrar@cnwsmt.com)

## Helpful contact information:

<http://www.op.nysed.gov/prof/mt/mtcontact.htm>  
NYS Education Department – Office of the Professions

NY State Education Department  
Office of the Professions  
Bureau of Comparative Education  
89 Washington Avenue  
Albany, New York 12234-1000

518-474-3817, ext. 300 (voice)  
518-486-2966 (fax)  
[comped@mail.nysed.gov](mailto:comped@mail.nysed.gov)

*“A journey of 1000 miles begins with a single step.” - Lao Tzu*

*Center for Natural Wellness School of Massage Therapy*  
**TRANSFER STUDENTS POLICY**

Transfer Students are students who have completed a massage therapy program under regulations different from NYS guidelines regarding Massage Therapy Education & Licensing. There are two categories of Transfer Students:

1. Students who have completed a program with 500 hours or more of training
2. Students who have less than 500 hours of training

### **1. Transfer Students with 500 Hours or More of Training (Non-Certificate Transfer Students)**

This student needs to submit their program information to the NYS Board of Education, Dept. of Comparative Education to receive an official assessment (called a “letter of deficiency” or “comparative education letter”) of what hours or courses he or she needs to complete in order to satisfy NYS’s required 1000 hours of training. These students are mandated by NYS to complete the proscribed hours of training at a school of Massage Therapy that is recognized as licensure-qualifying by NYS (such as CNWSMT) in order to take the New York State Licensing Examination for Massage Therapy and practice professional massage in the State of New York. These Transfer Students do not receive a certificate of completion from CNWSMT and are considered Non-Certificate Transfer Students.

### **2. Transfer Students with less than 500 Hours of Training (Certificate Transfer Students)**

Students are able to petition CNWSMT (a NYS approved licensure-qualifying massage therapy school) to transfer in a maximum of 250 hours. The hours that CNWSMT accepts will be counted toward CNWSMT’s 1020 hour Certificate Program. These students will graduate with a Certificate of Completion from CNWSMT and will take the NYS Licensing Examination for Massage. They are considered Certificate Transfer Students.

### **Licensure by Endorsement**

On rare occasions, NYS grants licensure by endorsement. The minimum requirements to be considered are completion of a 500-hour program, five years of practice and state licensure based on the NCETMB exam or other acceptable exam. The student must ultimately complete 800 hours of training, among other requirements, for his or her application to be approved. To learn if you are eligible to apply for Licensure by Endorsement, please contact the NYS Massage Board at 518-474-3817, ext. 150. If approved, these students do not have to take the NYS Licensure Examination.

### **Admissions Process for Transfer Students**

When a Transfer Student’s application is received, the Director of Admissions and the Director of Education will review the information to determine the student’s requirements and whether CNWSMT can meet the prospective student’s educational needs. Upon determination of acceptance, the Admissions Director and Education Director will schedule an interview/meeting with the student to discuss policies, expectations, and proposed schedules.

*CNW School of Massage Therapy offers equal opportunity, and does not discriminate on the basis of age, color, religion, creed, disability, marital status, race, sex, or sexual orientation.*

*Center for Natural Wellness School of Massage Therapy*  
**TRANSFER STUDENTS REQUIREMENTS**

**Requirements for Non-Certificate Transfer Students**

1. Once the student's schedule is confirmed the Registrar will calculate the tuition due from the student (*at a rate of \$15.00 per hour*) and meet with the student to set up a payment plan.
2. A student attending only a portion of a particular course has the **full responsibility** of meeting with the instructor of that course to discuss which classes they will need to attend to cover the material in which the student is deficient. There is a charge of \$35.00 per hour for this meeting and is payable directly to CNWSMT through the Registrar's office.
3. Non-Certificate transfer students must attend class for **all** NYS required hours.
4. Non-Certificate students must pass the final exam for **all courses taken** even if NYS requires less than 50% course hours.
5. Non-Certificate Transfer students participating in Student Clinic must "test in" to Clinic and be present for Clinic Orientation Day or they can meet with the Director of Clinic, at a rate of \$35/hour paid to CNWSMT.

**All applicants transferring into CNWSMT must:**

- Complete a Transfer Student Application
- Submit a \$150 application fee
- Pay a \$500 deposit to reserve a place in the class/es
- Document current CPR and First Aid certification for admittance into the NYS exam
- Sign and adhere to the policies and procedures outlined in the CNWSMT Enrollment Agreement, Student Code of Conduct, and the current Student Handbook
- Adhere to all tutorial rules and be current with all applicable fees
- Supply all necessary documentation (see Transfer Student Application List)
- Meet with the Registrar to set up a payment plan and adhere to the plan while in attendance at CNWSMT.

Additional documentation necessary

- Previous Massage School Course catalog.
- List of textbooks used along with the course they were used in.

***CNWSMT reserves the right to require a student to complete an entire course, even if NYS requires fewer hours.***

***Any student may opt to take the full course at a rate of \$15.00/hour.***

I have read the requirements and fully understand my obligations.

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Student Signature

Date



Center for Natural Wellness  
 School of Massage Therapy  
 3 Cerene Commercial Dr.  
 Albany, NY 12205

Program:	
Full Time	Fall _____ Spring _____
Part-time morning	Fall _____ Spring _____
Part-time Evening	Fall _____ Spring _____
Year program begins _____	

**Transfer student Application for Admissions**

Please complete this application and mail to us along with a recent photograph and a \$150 non-refundable application fee (payable to the CNW School of Massage Therapy). Please read instructions carefully and complete all questions. This application cannot be processed if questions are left unanswered. Upon receipt of this application, we will contact you to arrange an interview. Class size is limited and enrollment closes when classes are full. Serious applicants are encouraged to complete their application as soon as possible.

PLEASE PRINT OR TYPE

**General Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you a citizen of the U.S.? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?  
 Yes \_\_\_ No \_\_\_ If yes, please explain on a separate sheet of paper.

How did you find us?

\_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact:** – Identify two (2) people to be contacted in case of an emergency:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

*Education* – New York State requires a High School Diploma or legal equivalent (GED) as a prerequisite for enrolling in a licensure–qualifying massage therapy program. As proof of this prerequisite, please submit your high school transcript with this application, or forward it to the School’s Admissions Office. Please also provide a transcript from your previous massage school.

**High School Name and Address:**

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Dates Attended: From: \_\_\_\_\_To: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
If not a High School Graduate did you obtain a GED? Yes \_\_\_\_ No \_\_\_\_

**Previous Massage School Name and Address:**

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Dates Attended: From: \_\_\_\_\_To: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_

*Medical Information* – Describe any disability, Physical Condition, medical condition and/or psychological condition that may require special accommodations or inhibit your ability to perform massage (Specify medications you are taking and check all the conditions that apply.):

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Cardiac or Circulatory Problems: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Broken Bones: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_ Low Blood Pressure: \_\_\_\_\_ Epilepsy: \_\_\_\_\_

Recent Surgeries: \_\_\_\_\_ Other: (Specify) \_\_\_\_\_

*Signature* – I hereby state that the information provided in this application is truthful, and I understand that providing false information can result in dismissal from the program.

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Applicant's Signature

Date

*Center for Natural Wellness School of Massage Therapy*  
*Transfer student Application Check List*

- Completed Application Form
- \$150 Application Fee
- Educational Transcripts from previous massage school
- High School Transcript or GED certificate
- Recent Photo
- Personal Statement (see questions below)
- Two Letters of Reference
  - 1 personal
  - 1 previous massage instructor (if possible)
- Copy of New York State Education Department “Deficiency Letter” (*for Non-Certificate Transfer Students only*)
- Syllabus of each class in which hours are being petitioned to transfer from previous massage school (*for Certificate Transfer Students only*)

*Personal Statement* – On a separate sheet of paper write a short essay discussing your professional goals, and the role of the CNW School of Massage Therapy in achieving these goals.

1. Describe how you have been served by your past learning experiences in massage school. How did you learn best? What was difficult for you?
2. How would you best describe your emotional and physical readiness to engage with the School’s learning process? Discuss both strengths and weaknesses.
3. How do you practice self-care in your physical, emotional and spiritual life? What supports you in this process? What areas need more focus or improvement? How will you be able to continue this process of self-care while attending this program?
4. How do resolve conflict in your life?
5. How do you plan to meet your tuition requirements and take care of yourself financially while you are in school? Please be specific.
6. Please explain your ability to be able to join and engage in an established group of people. Any concerns in this area?
7. Do you have any learning disabilities or special needs?

10/21/10