

VISIT TO A WELLNESS PRACTITIONER

Registered Massage Therapy Certificate Program

As an applicant into a massage therapy program it is essential that you have a general understanding of treatment protocols for massage. Please schedule a treatment with a wellness practitioner of your choice and have them complete this form. Examples may include Ayurvedic massage, abhanyanga, oil massage, thai massage, acupressure, shiatsu, or any other hands-on modality.

ESSAY

With this completed document please submit a reflective essay on your experience at this particular treatment. Essay should be a minimum of 300 words up to a maximum of 500 words. Hand written essays will not be accepted. Topics could include: How the experience shaped your opinion of massage therapy; something new you learned about massage therapy at this visit; or any reflective topic of your choosing.

Please complete the following information in pen.

Name of program applicant: _____

Name of Wellness Practitioner: _____

Registration number (if applicable): _____

Date of treatment: _____

I declare that _____ came to me for a treatment on the above date. I have received consent from the applicant to share this information with Langara College for the sole purpose of supporting the application process. The medical records will at no time be requested nor provided to Langara College.

Date(dd/mm/yyyy): _____ Signature (PRACTITIONER): _____