

Atlantic College of Therapeutic Massage

Lady Beaverbrook Gym
PO Box 4400, STN A
Fredericton, N.B. E3B 5A3
Phone: (506) 451-8188
Fax: (506) 451-8402

Application for Specialized Courses/ Professional Development

(Please type or print clearly)

Last Name: _____ First Name & Initial _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____ Date of Birth: _____

Please check one of the following:

- Registered Massage Therapist
- Student Massage Therapist, name of School attending _____

If you have taken a certification at ACTM please write name of course: _____

Please check the course for which you are applying:

- Canine Massage Certification** (application deadline (TBA))
ACTM Students: **\$575.00**. Massage Therapists: \$575 plus HST= **\$661.25**
- Sports Massage Therapy Certification** (application deadline – (TBA))
Sessions I & II ACTM Students: **\$1400.00**. Massage Therapists fee per module
Module registering for: _____ Fee: _____
- Perinatal Clinical Massage Therapy Program** (application deadline – (TBA))
Sessions I & II ACTM Students: **\$1200.00**. Massage Therapist fee per module

Fees should be paid in full with your application, or through other mutually acceptable payment arrangements. Fees may be paid by cash, cheque, or money order. **Fees are non-refundable within 30 days** prior to commencement of the program. Earlier withdrawals will be subject to a \$75.00 administration fee. **Please enclose proof of massage therapy association membership or current enrollment in a massage therapy school.**

Signature: _____ Date: _____