

# Atlantic College of Therapeutic Massage

440 King Street

Fredericton, N.B. E3B 5H8

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= **\$649.75**

**Sports Therapy Massage Certification** (application deadline – TBA)  
Sessions I & II ACTM Students: **\$1400.00**. Massage Therapists: \$1400 plus HST = **\$1582.00**

**Perinatal Massage Certification** (application deadline – TBA)  
Sessions I & II ACTM Students: **\$1200.00**. Massage Therapists: \$1200.00 plus HST= **\$1356.00**

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 course. 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: \_\_\_\_\_