



# FAST TRACK CAREERS

## Vernon College

VERNON • WICHITA FALLS

### Continuing Education



**Massage Therapy packets must be completed and turned in no later than 12:00 PM August 15, 2025.**

## Massage Therapy

### STUDENT REQUIREMENTS:

**\*\* A VALID PHOTO ID AND COMPLETE SHOT RECORD REQUIRED TO REGISTER\*\***

- Minimum age 18 and have high school diploma or high school equivalency.
- Massage Therapy packet completed and turned in.
- Have no physical restrictions and be able to lift and move residents.
- Competent communication skills (speaking, reading, & writing) / Instruction provided in English.
- Current Shot Records as required by the Department of State Health Services at the time of enrollment MMR (2); Tetanus (<10 years); Varicella (2); and Hepatitis B Series (3 doses – must be completed)
- Books are required at first class meeting.
- ***Attendance is mandatory!***
- ***Entire cost of class must be paid by 5:00 PM August 28, 2025.***

**\*\* IMPORTANT \*\****Pre-registration is required. Full tuition for ENTIRE PROGRAM must be paid at time of registration. Students must be registered in order to attend class. Please call 940-696-8752 ext. 3213 or ext. 3379 for information.*

### CENTURY CITY CENTER 2025-2026

Class	Cost	Days and Times	Dates
LEAD1000 - Workforce Development w/ Critical Thinking	\$266.00	Online	09/15/25-10/10/25
MSSG1013 - Anatomy & Physiology for Massage	\$630.00	MTWR 5:00PM – 9:00PM	09/22/25-11/03/25
MSSG1009 - Massage Health and Hygiene	\$126.00	MTWR 5:00PM – 9:00PM	11/04/25-11/11/25
MSSG1011 - Massage Therapy Fundamentals I	\$650.00	MTWR 5:00PM – 9:00PM	11/12/25-01/14/26
MSSG2014 - Pathology for Massage	\$252.00	MTWR 5:00PM – 9:00PM	01/15/26-02/03/26
MSSG2011 - Massage Therapy Fundamentals II	\$630.00	MTWR 5:00PM – 9:00PM	02/04/26-03/25/26
MSSG2013 - Massage Kinesiology	\$200.00	MTWR 5:00PM – 9:00PM	03/26/26-04/21/26
MSSG1005 - Massage Hydrotherapy/Therapeutic Modalities	\$126.00	MTWR 5:00PM – 9:00PM	04/22/26-04/29/26
MSSG1007 - Business Practices & Professional Ethics	\$315.00	MTWR 5:00PM – 9:00PM	04/30/26-05/26/26
MSSG 2086 - Massage Internship	\$336.00	MTWR 5:00PM – 9:00PM	05/27/26-06/18/26

**TOTAL COST OF PROGRAM TUITION- \$3,531**

**\*Books, scrubs, testing and application fees, etc. are not included in this price.**

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VERNON CAMPUS 4400 College Dr. • Vernon, TX 76384 • 940-552-6291 • CENTURY CITY CENTER 4105 Maplewood Ave. • Wichita Falls, TX 76308 • 940-696-8752

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date Returned: \_\_\_\_\_

## Massage Therapy Packet Instructions

Thank you for your interest in Vernon College's **2025-2026 Massage Therapy** program. Please follow the **checklist** and turn in completed packet to the Continuing Education Department. Completed packets must be turned in by **12:00 PM on Friday, August 15, 2025**. Class selections will be made by **August 18**. **Mandatory Orientation will be Wednesday, September 10 at 6:00 PM in Room FC1**. For those selected, **payment for Total Program will be due by 5:00 PM on Thursday, August 28**.

### CHECK LIST: (Please check each item as it is completed)

1. Complete the Massage Therapy Questionnaire \_\_\_\_\_
2. Attach a copy of your driver's license or state-issued picture ID  
AND a certified copy of high school diploma, high school equivalency,  
or college transcripts from credit classes \_\_\_\_\_
3. Update shot records with all current vaccinations (attach to application):  
Tetanus (Td) within last 10 years \_\_\_\_\_  
2 doses MMR \_\_\_\_\_  
Hepatitis B Series (**Series must be completed by August 2024**) \_\_\_\_\_  
Varicella (proof of 2 vaccinations or note indicating had chicken pox as a child) \_\_\_\_\_  
TB within the last 6 months prior to the beginning of the program. \_\_\_\_\_
4. Write 1 page essay on, "Why I Want To Be a Massage  
Therapist" \_\_\_\_\_
5. Complete and sign Drug and Alcohol Policy \_\_\_\_\_
6. Complete and sign the Acknowledgment of Criminal  
Background Check (Use code 11J9JS AFTER you have  
completed the program on the IdentoGO site) \_\_\_\_\_
7. Complete Policies and Liability Form \_\_\_\_\_
8. Complete Confidentiality Agreement \_\_\_\_\_

If you have any questions about this packet or requirements, please contact:

**Vernon College  
Continuing Education  
4105 Maplewood  
Wichita Falls TX 76308  
940-696-8752, ext. 3379**

**\*\*\*INCOMPLETE PACKETS WILL NOT BE ACCEPTED\*\*\***

**RETURN THIS FORM WITH THE PACKET**

**MUST PROVIDE SHOT RECORDS UPON ENROLLMENT**

Students enrolled in health-related courses must have **all** the following vaccinations before they enroll in health-related higher education courses which will involve direct patient contact with potential exposure to blood or bodily fluids in educational, medical, or dental care facilities.

- (1) **Tetanus-diphtheria.** One dose of a tetanus-diphtheria toxoid (Td) is required within the last ten years. The booster dose may be in the form of a tetanus-diphtheria-pertussis containing vaccine (Tdap).
- (2) **Measles, Mumps, and Rubella Vaccines.**
  - (A) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of a measles-containing vaccine administered since January 1, 1968 (preferably MMR vaccine).
  - (B) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose of a mumps vaccine.
  - (C) Students must show, prior to patient contact, acceptable evidence of two doses of rubella vaccine.
- (3) **Hepatitis B Vaccine.** Students are required to receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.
- (4) **Varicella Vaccine.** Students are required to have received two doses of varicella (chickenpox) vaccine on or after the student's first birthday or, if the first dose was administered on or after the student's thirteenth birthday, two doses of varicella (chickenpox) vaccine are required.
- (5) **TB,** within six (6) months, prior to the start of program.

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Students, who claim to have had the complete series of a required vaccination, but have not properly documented them, cannot participate in coursework activities involving the contact described in subsections (a) and/or (d) of this section until such time as proper documentation has been submitted and accepted.

The immunization requirements in subsections (b) and (d) of this section are not applicable to individuals who can properly demonstrate proof of serological confirmation of immunity. Vaccines for which this may be potentially demonstrated, and acceptable methods for demonstration, are found in §97.65 of this title (relating to Exceptions to Immunization Requirements (Verification of Immunity/History of Illness)). Such a student cannot participate in coursework activities involving the contact described in subsection (a) of this section until such time as proper documentation has been submitted and accepted.

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**Exclusions – Medical, Religious, Military:** Persons submitting a signed affidavit from a licensed physician stating immunizations would be injurious to person's health (exclusion valid for one year); or from parents or legal guardians (if person is a minor) stating immunizations would conflict with the tenets of a recognized church or religious denomination of which the person is a member (exclusion not valid during times of emergency or outbreak); or persons who document to Vernon College they are currently serving on active duty with the armed forces of the United States are exempt from this requirement.

**Waiver – Pregnancy:** The following immunizations are required by law according to Section 2.09 of the Texas Education Code Revised effective May 16, 1999 for all students enrolled in higher education courses involved in direct patient care contact. Requirements for varicella, measles, rubella, and mumps vaccines are waived during pregnancy. Pregnancy is not a medical contraindication for administration of Tetanus/diphtheria toxoid, but it is best to delay until the second trimester. A student is required to provide a written note from physician stating they are not able to receive these vaccinations due to pregnancy. The student should also provide written documentation from their physician of any physical limitation they have for the duration of their enrollment in the course.

## Massage Therapy Questionnaire

(Please complete the following questionnaire. The more information we have on you the easier the selection process is for the program. If you need extra paper please feel free to add or write on the back of this sheet.)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is this your **first time to apply** for the Massage Therapy program? **Yes No**  
**If No**, when did you apply before? \_\_\_\_\_

Previous College or Technical Training? **Yes No**  
**If Yes**, what kind of training/college and did you complete the training?

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

**If No**, please explain (i.e., just graduated from high school, stayed at home with children, etc.)

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

Are you currently working? **Yes No**  
**If yes**, Current Employer: \_\_\_\_\_  
**If no**, Why? \_\_\_\_\_

Do you have any previous Medical Training/Experience: **Yes No**  
**If yes**, \_\_\_\_\_

Please describe your support network. Who is your biggest champion? What arrangements have you already made to make it possible for you to go to school? (daycare, work, tuition, etc.)

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

## Policies Agreement and Waiver of Release from Liability

I, \_\_\_\_\_, hereby affirm, by my signature below, that I attest to the following:

1. I have received a copy of, have read, and do understand the Massage Therapy Course Requirements, Rules and Policies. I agree to abide by all the provisions therein. I understand that failure to comply will be grounds for dismissal with no refund.
2. I fully understand that due to the nature of the training that I shall receive, there exists the possibility of injury or infectious exposure to me, or injury or infectious exposure to others. I acknowledge and accept the fact.
3. I have been provided information from the Texas Department of State Health Services regarding Tuberculosis, have read and do understand it, and agree to follow the Tuberculosis procedures.
4. I have been provided information from the Texas Department of State Health Services regarding Universal Blood and Body Fluid Precautions for the prevention of HIV transmission in health care settings, have read and do understand it, and agree to follow the procedures.
5. I hereby release and agree to hold harmless Vernon College and the provider site facilities including but not limited to their trustees, administrators, coordinators, instructors, faculty, staff, and clients/patients/fellow students from any and all liability regarding aspects of Massage Therapy training.
6. This release shall extend to all locations considered part of the training.
7. I certify that I am 18 years of age or greater, and that I am legally competent.

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Signature of Student

Date

## **VERNON COLLEGE MASSAGE THERAPY STUDENT POLICY DRUG/ALCOHOL POLICY**

**IF THE STUDENT IS OBSERVED TO BE DISPLAYING BEHAVIORS\* WHICH NORMALLY ARE DECIDEDLY DIFFERENT FROM THOSE BEHAVIORS NORMALLY DISPLAYED BY THAT STUDENT, OR OBSERVED TO BE DISPLAYING BEHAVIORS NOT CONSIDERED TO BE NORMAL BY USUAL STANDARDS, THAT STUDENT MAY BE REQUIRED TO SUBMIT THE APPROPRIATE SPECIMEN (URINE OR BLOOD) FOR LABORATORY TESTING.**

\*Behaviors may include such things as: (list is not all inclusive)  
slurred speech-impaired gait-repeated poor judgment-alcohol on breath-negligent patient care

If a test for drug or alcohol in the body reflects any level of drugs or alcohol, disciplinary actions will be taken.

**I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE  
DRUG/ALCOHOL POLICY STATED ABOVE.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

## Confidentiality Agreement

As a Massage Therapy student, I understand that during training I will come into contact with patients, and may have access to personal information regarding their names, health conditions, diagnoses and treatments, and information regarding the staff and policies of the clinical facility.

I hereby agree and affirm, by my signature below, that:

1. I will respect the confidential nature of all records, information regarding patients, and the rules and policies of clinical site(s); and
2. I will keep all such information STRICTLY CONFIDENTIAL; and
3. I will not discuss nor reveal any information in any way to any person; and
4. I will not violate the state and federal Right to Privacy Act(s); and
5. I will conform to all Policies, Rules, and Regulations of Vernon College, the Massage Therapy program, and the clinical site(s).

I understand that any violation of this Confidentiality Agreement may subject me to prosecution and can result in immediate dismissal from the course, with no refund.

I, \_\_\_\_\_, swear and affirm  
(Print Full Name of Student)

that I have read the above and, by my signature below, do hereby agree to abide by all terms stated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



## Understanding of Required Criminal Background Check

As of September 1, 2019, people who are applying for an initial massage therapist, massage instructor, or massage establishment license, or who are renewing their massage therapist, massage instructor, or massage establishment license must submit fingerprints that will be used to obtain the applicant's criminal conviction history. Under House Bill 1865 (86th Texas Legislature), all licensees must comply with the fingerprint requirement no later than September 1, 2021.

If you are concerned about how your criminal history may affect your application for a license, you have the option to submit a request form to the Texas Department of Licensing and Regulation for a fee of \$10.00. This form allows you to inquire whether your criminal history would result in a denial of your license application. Submitting this request does not influence the current status of your application. You can request a Criminal History Evaluation Letter through the Department's website ([tdlr.texas.gov/crimHistoryEval.htm](http://tdlr.texas.gov/crimHistoryEval.htm)).

I, \_\_\_\_\_, prospective Vernon College Massage Therapy student, understand that I am required to complete and pay for a Texas Department of Public Safety (DPS) fingerprint criminal background check.

\_\_\_\_\_  
Signature of Prospective Massage Therapy Student    Date