

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 – March 19, 2010)

ACTM Students: **\$575.00**. Massage Therapists: \$575 plus HST= **\$649.75**

Perinatal Massage Certification (application deadline – TBA)

Sessions I & II ACTM Students: **\$1400.00**. Massage Therapists: \$1400.00 plus HST= **\$1582.00**

Sports Therapy Certification (application deadline – TBA)

Sessions I & II ACTM Students: **\$1250.00**. Massage Therapists: \$1250.00 plus HST= **\$1412.50**

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: _____