

*Enhance your skills  
Change your career direction  
Add to your expertise*



**VISIT [WWW.CLN.IUPUI.EDU](http://WWW.CLN.IUPUI.EDU)  
AND CLICK THE COURSE CATALOG.**

### *About IUPUI*

Indiana University – Purdue University Indianapolis (IUPUI) is Indiana's most comprehensive university campus. IUPUI was formed in 1969, but several programs have provided Central Indiana with quality education and services for much of the century. IUPUI is a premier urban institution and offers students courses year round at times during days, evenings and weekends that meet the demanding schedules of adult learners.



WHERE **IMPACT** IS MADE

### *About Community Learning Network*

The IUPUI Community Learning Network provides hundreds of continuing education classes and serves over 7,000 learners annually in Central Indiana with more than 15 certificate programs.

#### *Continuing Education Programs*

#### **IUPUI COMMUNITY LEARNING NETWORK**

620 Union Drive, Room 142

Indianapolis, IN 46202

Phone: (317) 278-7600

Fax: (317) 274-2638

Online: [www.cln.iupui.edu](http://www.cln.iupui.edu)

*For information about additional certificate programs,  
please visit us online or call our offices.*

**IUPUI | COMMUNITY  
LEARNING NETWORK**

INDIANA UNIVERSITY-PURDUE UNIVERSITY  
INDIANAPOLIS

## **Therapeutic Massage**

*Certificate Program*



**YOUR LIFELONG  
LEARNING CONNECTION**

**IUPUI | COMMUNITY  
LEARNING NETWORK**

INDIANA UNIVERSITY-PURDUE UNIVERSITY  
INDIANAPOLIS

# Therapeutic Massage

The Therapeutic Massage Certificate is committed to offering a comprehensive program that will develop professional massage therapists. Persons that complete this program are able to qualify for positions as trained and knowledgeable massage therapists.

## *Program Objectives*

- Prepare the students for a successful career as a massage therapist
- Train the students in development of communications and business skills
- Teach the students a thorough knowledge of the structure and function of the body as it relates to their field of study



## *Classes for Fall 2009*

**WEEKEND: 9/11/09 – 10/16/10**

Fri.; 6:00 – 10:00 p.m. & Sat.; 8:00 a.m. – 5:00 p.m.

**EVENING: 9/14/09 – 10/28/10**

Mon., Wed., & Thu.; 6:00 – 10:00 p.m.

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**TO TAKE A TOUR OF THE INDIANA  
THERAPEUTIC MASSAGE SCHOOL,  
PLEASE CALL (317) 439-4448.**

## **GRADUATES WILL BE:**

- Competent in effective massage techniques
- Aware of principles of massage therapy, knowing when to treat and when to refer
- Have the necessary scholastic information to take the National Certification (NCTMB) exam offered to bodyworkers

## *Your Door to Opportunity*

### **COURSE OF STUDY**

- 600 classroom hours (Includes 50 in-class clinical sessions)

### **200 HOURS ANATOMY & PHYSIOLOGY**

### **400 HOURS OF THE FOLLOWING:**

- Canine Massage
- Communications/Business Skills
- Contraindications/Benefits
- CPR
- Draping Technique
- Geriatric Massage
- History & Ethics

- Legalities
- Medical Terminology
- Pregnancy Massage
- Seated Massage
- Sports Massage
- Stone Massage
- Swedish Massage
- Therapeutics

### **INCLUDING INTRODUCTIONS TO:**

A.I.S., Acupuncture, Aromatherapy, Cranial Sacral, Equine Massage, Hydrotherapy, Infant Massage, Lymph Drainage, Myofascial, P.N.F., Polarity, Reflexology, Reiki, Thai Massage, Trager, and Trigger Point Therapy

## *Certificate Requirements*

To receive the certificate at graduation, students must complete 600 hours. The full amount of tuition must be paid. All assignments must be made up to the satisfaction of the faculty. Arrangements for make-up work will be made with individual instructors.





# Therapeutic Massage

## *Class Location*

**7780 NORTH MICHIGAN ROAD  
INDIANAPOLIS, IN  
(317) 439-4448**

## **ADMISSION REQUIREMENTS**

- Must be at least 18 years of age
- Submit a high school diploma or G.E.D.
- Submit an application for admission
- Must be willing to give and receive massages from other students during class time



## *Fees & Tuition*

**SINGLE TUITION PAYMENT: \$7,000**

**APPLICATION FEE: \$35**

## **TEXTBOOKS:**

Purchased separately (*additional cost \$100-\$150*)

## **75% REFUND:**

Only if student notifies Continuing Education in writing. Request must be made within at least 30 business days from first class meeting.

## **EVALUATION**

Students will be tested and receive evaluations reflecting level of competency.

## **DISMISSAL CONDITIONS**

Possession/unlawful use of drugs/alcohol on school property; attendance in an impaired condition; attendance below class requirements; behavior detrimental to the program; and failure to pay tuition.

## **ATTENDANCE**

Students are expected to attend all classes. Absence/tardiness will be recorded. Illness or emergencies warrant make-up of materials before end of program. Reinstatement will be at administration's discretion.

## **FINANCIAL CONSIDERATIONS**

There is no financial aid available through the university. You must seek your own financial lender. This program qualifies for Veteran's benefits through the federal government. Eligible veterans may contact the VA coordinator at (317) 274-5045.

## **CAREER TRAINING LOANS**

Please use the school number after the financial lender's phone number for faster service. Each student is responsible for obtaining their own career loan.

*SML Financial Corp.: 1 (888) 2SALLIE #605833*

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AND CLICK THE COURSE CATALOG  
TO ENROLL.**



# Therapeutic Massage

*Circle the class of interest:*

**WEEKEND: 9/11/09 – 10/16/10**

Fri.; 6:00 – 10:00 p.m. & Sat.; 8:00 a.m. – 5:00 p.m.

**EVENING: 9/14/09 – 10/28/10**

Mon., Wed., & Thu.; 6:00 – 10:00 p.m.

*Please attach high school or college transcription and one letter of reference to this application. CERT99I09*



## *Fees and Enrollment*

The one-time Certificate Program Fee of \$35.00 is due upon registration. Learner must pay individual course fees or additional fees listed during website registration.

*Refer to course numbers listed in the catalog.*

NAME: \_\_\_\_\_

DAYTIME PHONE#: \_\_\_\_\_

EVENING PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

### WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY?

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HIGH SCHOOL/COLLEGE: \_\_\_\_\_

DATE OF GRADUATION OR GED: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?

\_\_\_\_\_ YES (PLEASE EXPLAIN)

\_\_\_\_\_ NO

PLEASE WRITE A ONE PARAGRAPH STATEMENT EXPLAINING YOUR REASON FOR APPLYING TO THIS PROGRAM.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

## *Mail Application To:*

IUPUI Community Learning Network  
620 Union Drive, Room 244  
Indianapolis, IN 46202

Indiana Massage School Phone: (317) 439-4448