

Experience Verification Form Massage Therapist Program

I, _____ (applicant name, printed), authorize this massage care provider to provide the requested verification:

Applicant signature: _____ Date: _____

Dear massage care provider:

Thank you for taking the time to complete the following Experience Verification Form for this applicant to Whatcom Community College's massage therapist program. This form will be used as a part of the process in selecting qualified applicants for the next massage therapist cohort.

The applicant has completed the following experience under my supervision (select one):

- Received a professional massage
- Completed a job shadow experience including an informational interview
- Completed a massage course
- Completed an online continuing education massage course
- Completed an online interview with a Licensed Massage Therapist
- Other, please state: _____

Date(s) of experience: _____

Name of organization: _____

Street address or P.O. box: _____

City: _____ State: _____ Zip: _____

I certify that the above information is correct:

Name: _____

Title: _____ Phone: _____

Signature: _____ Date: _____

The Family Education Rights and Privacy Act provides access to educational records and permits the applicant the right to review and inspect this evaluation. Please return to the applicant.

Thank you for your cooperation and assistance.

Non-Discrimination Statement

Whatcom Community College does not discriminate on the basis of race, color, national origin, religion, sex, disability, honorably discharged veteran or military status, sexual orientation,

gender identity, gender presentation, ancestry, ethnicity, family status, immigration status, citizenship, socioeconomic status, genetic information or age in its programs and activities.

The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director for Human Resources, by phone: 360.383.3400 or email:

hr@whatcom.edu , 237 W. Kellogg Road, Bellingham, WA 98226.

For Title IX compliance: Title IX Coordinator, by phone: 360.383.3400 or email:

titleIX@whatcom.edu , 237 W. Kellogg Road, Bellingham, WA 98226.

WCC publications are available in alternate formats upon request by contacting the Access & Disability Services office at 360.383.3139; or Video Phone at 360.255.7182.