

Langley E quine Studies, LLC

Student Enrollment



Equine Massage

Application Packet

**Check list:**

- ☐ \$100.00 non-refundable application fee
- ☐ Completed Application-signed and dated
- ☐ Completed Medical History Form-signed and dated (by the applicant)
- ☐ Documentation of Updated Tetanus Vaccine
- ☐ "Why I want to be an equine massage therapist" & professional goals essay
- ☐ Legal Standing of Animal Massage-signed and dated

**Equine Massage Practitioner Program  
Application for Enrollment**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email address) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Please indicate which class you are applying for: \_\_\_\_\_ On-Campus \_\_\_\_\_ On-Line or  
Long Distance \_\_\_\_\_ & EMP 100: \_\_\_\_\_ or EMP 300: \_\_\_\_\_

.....

Please submit the names of two people as personal references that you have known at least one year and to whom you are not related.

Reference # 1 (name, address, phone, email)

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

Reference # 2 (name, address, phone, email)

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

List all schools attended and degrees earned post (high school):

School	Dates attended	Date Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any **animal related** courses, trainings and/or certifications you have taken:

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

On a separate paper, please complete the following in essay form: “I want to be an Equine Massage Practitioner because.....”. Please include your experience, both personally and professionally, with horses.

Also, include in summary your professional goals. I want you to really think about this, as I want to see your focus, goals, intent, dreams, passions and drive to succeed. This is hard work and I want to see your motivation.

To the best of my knowledge, all information stated above is correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

***Please submit this form with a \$100.00 application fee made payable to:  
Langley Equine Studies  
19601 Rd. F.4 NE, Soap Lake, WA 98851***

.....

## Medical History Form

.....

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Phone – Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The Massage Therapy program that we offer for horses is very physical and strenuous. We would like you to take a moment to check off any injuries or medical complaints/conditions that you may have now or have had in the past. Please be honest and specific. Good health is essential in order to successfully complete the “Large Animal Endorsement” WA State Licensing or Certificate program.

☐ Arthritis      ☐ Asthma      ☐ Bleeding/Bruising      ☐ Blood Pressure Problems

☐ Cardiac Issues (heart disease, surgeries, etc)      ☐ Carpal Tunnel Syndrome      ☐ Chronic Fatigue

Fibromyalgia      ☐ Depression      ☐ Diabetes      ☐ Dizziness/Fainting      ☐ Epilepsy

☐ Hemophilia      ☐ Hernia      ☐ Joint pain/problems      ☐ Pregnancy are you now?

☐ Psychiatric      ☐ Vertebral/Disc problems      ☐ Other (include any

other conditions, syndromes, recent accidents and anything else pertinent to your health status):

Any musculoskeletal problems \_\_\_\_\_

Upper Extremity: \_\_\_\_\_ Lower Extremity: \_\_\_\_\_

Lower Back: \_\_\_\_\_ Neck: \_\_\_\_\_

Are any of the symptoms aggravated by:

Standing \_\_\_\_\_ Walking \_\_\_\_\_ Sitting \_\_\_\_\_ Bending \_\_\_\_\_ Massage \_\_\_\_\_

Have you had any other illness, injuries, or operations that could endanger you for this vocation?

Yes\* ☐ No ☐ Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been compelled to interrupt your work or study for a substantial period of time or substantially reduce your workload because of physical disability, illness, or emotional difficulties?

Yes or No

If yes, please attach a doctor's statement giving nature of ailment or disability, and his release for your participation in this program.

Please list any medications taken on a regular basis for a condition that can affect your performance and interaction or safety with horses. \_\_\_\_\_

\_\_\_\_\_

I have been truthful and honest in answering the questions on this medical form. If my medical condition changes while I am enrolled in the school, I will notify my instructors at once of the changes. I understand that if this occurs, I may need to acquire a doctor's note to continue in the program.

---

Student Signature

Date

IMPORTANT NOTE: Please attach documentation of current Tetanus Vaccine

*If you have a documented learning disability and/or any handicap, you must submit a diagnostic report in the format of a full medical evaluation from a licensed clinician. Langley Equine Studies, LLC requires that the report include a specific diagnosis and a narrative, describing functional limitations of the disorder. This clinical evaluation will be used to provide the student with adequate accommodations to help the student successfully complete the program. The student may be provided with tutorials, oral or private testing, extra time allotted for exam and/or other accommodations listed in the clinician's report.*

## **Legal Standing of Animal Massage:**

Langley Equine Studies, LLC is located in Washington State, and thereby follows WA State laws governing animal massage therapy. WA State regulations are governed by the Department of Health Board of Massage.

In order to practice equine massage in WA State you have to fulfill the required hours from a WA State Approved School in order to obtain the "Large Animal Endorsement", on your State License. If you are not a human licensed massage therapist you are required to attend a WA State approved school, graduate and then pass the NBCAAM exam, then you are eligible to apply to the WA State DOH Board of Massage for your "Large Animal Endorsement" Certificate.

Other federal, state laws regarding animal massage can vary widely. Laws, rules and regulations can change without advance notice and may affect whether and how a massage practitioner is able/not able to perform massage on animals.

Langley Equine Studies, LLC, will try to stay abreast of current and pending legislation. However, it is the sole responsibility of individuals from States other than Washington, applying to and enrolling in our program to determine what rules, laws and regulations apply in the jurisdictions, counties, towns, states, or countries where they intend to practice animal massage.

I \_\_\_\_\_, have read and understand the above information regarding the laws governing equine massage therapy, on this date \_\_\_\_\_.

---

(Signature of Student)

