



PROGRAM APPLICATION FORM

TI-369 Learning Pathways: Open Learning & Credentialed Learning

SECTION 1: Student Information

Details

Full Name _____

Student ID Number (if applicable) _____

Date of Birth (DD/MM/YYYY) _____

Email Address _____

Phone Number _____

Current Address _____

_____ Postal code _____

SECTION 2: Choose Your Learning Stream

Please select **one** of the following learning pathways:

Stream 1 – Open Learning

- No prerequisites required
- Apply online and complete at your own pace
- Ideal for personal interest or exploratory learning
- Includes internship and externship option
- Flexibility provided to complete requirements and transfer to Stream 2; affords the students the option to complete with certification once all requirements are met.*
Modules and courses can be purchased independently.
- *Official certificate/award upon successful completion of all modules and courses

Stream 2 – Credentialed Learning Path

- Requires application review and prerequisites
- Structured modules and instructor oversight
- Official certificate/award upon successful completion of all modules and courses
- Includes internship and externship as required for completion

SECTION 3: Program Status

If applying for Stream 1, skip this section.

Details

Program Enrolled

Myo Oste Massage Modules - Stream 2

Other: Stream 1 _____

Campus location

Calgary, AB

Edmonton, AB

Salmon Arm , BC

Current Term/Year _____

Expected Completion Date _____

Cumulative GPA _____

SECTION 4: Internship / Externship Preferences

Required for Completion Award to be received. Externship Application can be filled out after application is accepted.

Preferred Externship Setting (select all that apply):

Clinic Spa Rehabilitation Center Hospital Other: _____

Preferred Location(s):

Availability (days/times):

SECTION 5: Required Documentation Checklist

Required for Credentialed Learning applications only.

Please attach **copies** of the following:

- Completed Application Form (this document)
- Government-issued photo identification (e.g., driver's license)
- Confirmation of professional association membership (if applicable)
- Proof of current business license (if applicable)

- Current CPR & First Aid Certification
 - Proof of Professional Liability Insurance
 - Recent Resume or Curriculum Vitae
 - Health Clearance / Immunization Records (if requested for the Externship locations)
 - Academic Transcript or Proof of Course Completion (unofficial is acceptable)
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SECTION 6: Statement of Interest

Briefly describe your goals and why you are applying for the credentialed learning track:

SECTION 7: Declaration & Agreement

I hereby declare that the information provided is accurate and complete. I understand that:

- Stream 1 students are not eligible for credentialing or externship, this is optional, and complete at your own pace. In order to complete and be awarded the Internship / Externship must be completed.
- Stream 2 students must meet all academic and professional requirements to earn award certification and externship placement.
- Externship placements are not guaranteed and depend on availability, academic standing, and site approval.

I agree to:

- Abide by all program and externship policies
- Represent TI-369 professionally
- Complete all academic and placement-related requirements

Signature of Student: _____

Date: _____

SECTION 8: For Office Use Only

Field	Details
Reviewed by (Coordinator)	_____
Date Received	_____
Campus Site Assigned	_____
Campus Start Date	_____
Campus End Date	_____
Confirmation Email Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Contact Information

For questions regarding externship policies, placement sites, or documentation, please contact:

Externship Coordinator

TI-369

Phone: 604-230-6641

TI-369 Myo Osteo Medical Massage

Externship Application Form

Please complete all sections of this application form and submit it to the Externship Coordinator along with all required documentation. Incomplete applications will not be considered.

Section 1: Student Information

Full Name

Student ID Number

Date of Birth (DD/MM/YYYY)

Email Address

Phone Number

Current Address

Section 2: Program Status

Program Enrolled

Myo Oste
Massage Modules

Current Term/Year

ExpectedCompletion Date _____

Cumulative GPA _____

Section 3: Externship Preferences

Please indicate your preferences for externship placement. Final placements will be based on availability, suitability, and site approval.

Preferred Externship Setting (select all that apply) Clinic Spa Rehabilitation Center Hospital Other (please specify): _____

Preferred Location(s)

Availability (days/times)

Section 4: Required Documentation Checklist

Attach copies of the following documents. Your application will be considered only if all documents are submitted.

- **Completed Externship Application Form (this document)**
- **Current CPR & First Aid Certification (copy)**
- **Proof of Professional Liability Insurance**
- **Recent Resume or Curriculum Vitae**
- **Health Clearance (immunization records) may be requested by clinic**

- **Academic Transcript or Proof of Course Completion (unofficial is acceptable)**
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Section 5: Declaration & Agreement

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that submission of this form does not guarantee placement and that externship assignments are contingent upon my academic standing, site availability, and program requirements.

I agree to:

- **Abide by the Externship Policy Manual and uphold the professional and ethical standards of TI-369.**
- **Represent TI-369 professionally during the externship.**
- **Complete all required hours, evaluations, and documentation.**

Signature of Student: _____

Date: _____

For Office Use Only

Reviewed by (Externship Coordinator)

Date Received

Placement Site Assigned

Placement Start Date

Placement End Date

Confirmation Email Sent **Yes** **No**

This policy is considered a living document and may be updated periodically. Students of the TI-369 will be notified of any additions, deletions, or revisions via email.

For any questions or clarification, please contact your Faculty Advisor or reach out to the Admissions and Registrar's Office at 604-230-6641.