

# Massage Therapy Program Packet



Department: Health, Phys. Ed. & Dance

Department Office: RFK Gym, Rm G-216

Department Phone Number: (718) 631-6322

Massage Therapy Program Director: Dr. Isabella Lizzul, LMT, ATC, DPT

Program Director Email: [ILizzul@qcc.cuny.edu](mailto:ILizzul@qcc.cuny.edu)

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# Welcome Letter

Dear Massage Therapy Students,

Welcome to the Massage Therapy program at Queensborough Community College! The faculty in our program and I look forward to meeting each of you in person and working with you to help you develop your skills and complete your Associate of Applied Science degree. The mission of our program is to educate you in the science and art of massage therapy, in order to prepare you for the New York State Massage Therapy Examination (<http://www.op.nysed.gov/prof/mt/mtlic.htm>). Upon completing this program and passing your examination, you will become a licensed massage therapist in the state of New York.

Our program has consistently had a very high pass rate on the state licensing examination, especially for the past two years, despite the challenges faced by the pandemic. This in large part is due to our austere attendance and grade requirements for our students, as well as the breadth of the courses you will be required to take that provide you with the knowledge and practice necessary to be successful. Our program offers a wide scope of knowledge incorporating scientific, theoretical, practical, and ethical fundamentals of Western and Eastern healthcare, a thorough understanding of human anatomy and physiology, myology, kinesiology, and neurophysiology, in addition to professional issues, pathology, and practicum courses. As such, students are permitted no more than *two* absences per semester and will have to make arrangements to make up the time with their professor or their Student Success Advocate within the same week that you are absent. In addition, students must attain a grade of **C or better** for all Biology and Healing Arts classes, students who do not attain a grade of C or better will need to repeat the course and will not be permitted to continue with other courses in the program without expressed permission granted by the Massage Therapy Director.

Since our students will be performing hands-on massage techniques throughout the duration of the time that they are studying with us, all students must attain the following: First Aid and CPR certification for Health Care Providers, Health Clearances, and malpractice (liability) insurance, along with other items that are necessary to perform massage. This packet outlines the details of each, including what will be accepted and how to attain them.

Our goal is to cultivate massage therapy practitioners who will serve their communities, advance the profession of massage therapy, and become lifelong learners able to work in a diverse number of therapeutic settings. Most of our students either begin to practice massage therapy upon attaining their license or go on to further their education in the field (including Physical Therapy, Occupational Therapy, Nurse Practitioner, Speech Pathology & Medical School). Should you have any questions, please don't hesitate to contact me at [Lizzul@qcc.cuny.edu](mailto:Lizzul@qcc.cuny.edu).

Sincerely,

Isabella Lizzul, LMC, ATC, DPT  
Massage Therapy Program Director

# Queensborough Community College

## Massage Therapy Checklist

### New Students:

All of the following items *must be* completed in order to remain a student in the Massage Therapy Program.

\_\_\_\_\_ I have read and understand the Massage Therapy Program's Handbook and Packet

\_\_\_\_\_ I have completed my Medical Record & Physical Exam forms and have turned them in to the Health Services Office by **July 7, 2025, or ten days after enrolling in Massage Therapy program**. Email your records to [RPatel@qcc.cuny.edu](mailto:RPatel@qcc.cuny.edu) and [IHocevar@qcc.cuny.edu](mailto:IHocevar@qcc.cuny.edu)

\_\_\_\_\_ I have received my Health Clearance Form from the Health Office and turned it in to my instructor in my HA class on the 1st day of class (please note: You will not be permitted to attend class unless the Clearance Form is submitted on the 1st day of classes for the semester)

\_\_\_\_\_ I have obtained liability insurance through my professional association membership with the American Massage Therapy Association

\_\_\_\_\_ I have my Land's End white or royal blue Polo shirt with the QCC logo (may be purchased through their website)

\_\_\_\_\_ I have navy blue pants that provide for ease of movement & are *not* leggings (must be worn to all HA classes)

\_\_\_\_\_ I have a set of twin-sized sheets (a fitted sheet, flat sheet, & pillowcase) that I *must* bring for my Eastern & Western classes

\_\_\_\_\_ I have attained my First Aid & CPR certifications and have turned in copies to the Health Services Office

### Continuing Students (have at least 1 semester of Massage Therapy courses completed):

\_\_\_\_\_ My GPA is at least a 2.0 and I have a grade of at least a C in all of my Biology and Healing Arts courses

\_\_\_\_\_ I have completed any expired items on my Medical Record & Physical Exam forms and turned them into the Health Services Office by **July 7, 2025**. Emailed to [RPatel@qcc.cuny.edu](mailto:RPatel@qcc.cuny.edu) and [IHocevar@qcc.cuny.edu](mailto:IHocevar@qcc.cuny.edu)

\_\_\_\_\_ I have received my Health Clearance Form from the Health Office and turned it in to my instructor in my HA class on the 1st day of class (please note: You will not be permitted to attend class unless the Clearance Form is submitted on the 1st day of classes for the semester)

\_\_\_\_\_ My malpractice insurance is current & active

\_\_\_\_\_ I have my Land's End white or royal blue Polo shirt with the QCC logo (see instructions in packet)

\_\_\_\_\_ I have navy blue pants that allow ease of movement & are *not* leggings (must be worn to all HA classes)

\_\_\_\_\_ My CPR & 1<sup>st</sup> Aid Certifications are current (not expired)

**Massage Therapy Program Coordinator:** Dr. Isabella Lizzul, LMT, ATC, DPT

**Dr. Lizzul's Contact Information:** [ILizzul@qcc.cuny.edu](mailto:ILizzul@qcc.cuny.edu)

## Medical Records

Students enrolled in the Massage Therapy Program must email their medical requirements to Rashmika Patel at [RPatel@qcc.cuny.edu](mailto:RPatel@qcc.cuny.edu) and to Isabel Hocevar at [IHocevar@qcc.cuny.edu](mailto:IHocevar@qcc.cuny.edu) at least 45 days prior to the start of every academic semester that they are enrolled in the program. Please note, that at times, there may be a discrepancy or further evaluation may be needed, therefore, it is advised that students submit their records earlier (see date in the following letters).

### **Required Every Year**

- History and Physical Exam
- Urinalysis
- QuantiFERON-TB Gold
- Influenza Vaccine (every Fall)

### **Required Every 10 Years**

- Tdap Vaccination

### **Required Only Upon Entering the Program**

- Hepatitis B Vaccination Series
- Complete Blood Count (CBC) with differential
- MMR Vaccination Series
- Varicella Vaccination Series

***Please note:*** If you do not submit your medical documents and receive Health Clearance prior to the beginning of the semester, you will not be permitted to attend Massage Therapy classes, which could lead to dismissal from the program.

Dear Massage Therapy Student,

Please notify the Office of Health Services via the contact information above if you are a new or continuing student in the Massage Therapy program during the Fall 2025 semester. All students enrolled in courses in the Massage Therapy program must receive a Massage Therapy Medical Clearance prior to Monday, August 11, 2025. If you register for classes after August 11<sup>th</sup>, your packet is due immediately.

All medical forms are to be submitted in original format with at least two copies to be kept for your records.

Students who do not submit their medical forms to Health Services will not receive their medical clearance to submit to their Professor(s) and will not be allowed to attend Massage Therapy classes for the Fall 2025 semester.

If you have any questions, please contact the Office of Health Services.

Respectfully,

Office of Health Services

## Medical Requirements for Massage Therapy

Please submit **Two** copies and original of all material to Health Services. Health Services will **Not** make copies for you.  
Whiteout renders forms null and void.

– To be completed by Student –

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**Student Information (Please print):**

CUNYFIRST ID No.: \_\_\_\_\_ Last four digits of S.S. No.: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Trans. (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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– Below to be completed by Health Practitioner (MD, DO, NP, or PA) –

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1. History and physical examination
2. Urinalysis
  - Routine and microscopy (*lab report required*) or chemical dipstick (*Health Practitioner note required*)
3. QuantiFERON-TB Gold (*lab report required*)
  - Chest x-ray report required only for **positive** QuantiFERON-TB Gold
4. Tdap (tetanus, diptheria, acellular pertussis) vaccination: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Influenza vaccination (for current season) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Hepatitis B vaccination Date 1 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date 2 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date 3 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. Hepatitis B surface antibody (HBsAb) titer (*lab report required*)
8. Hepatitis B surface antigen (HBsAg) titer (*lab report required*)
9. Complete blood count (CBC) with differential (*lab report required*)
10. MMR (measles, mumps, rubella) vaccine Date 1 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date 2 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_
11. Rubeola (measles) IgG titer (*lab report required*)
12. Mumps IgG titer (*lab report required*)
13. Rubella (German measles) IgG titer (*lab report required*)
14. Varicella IgG titer (*lab report required*)
15. Varicella vaccine Date 1 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date 2 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Practitioner Signature \_\_\_\_\_

**Health Practitioner Stamp Required  
(MD, DO, NP, or PA)**

# Tuberculosis Screening for Massage Therapy

Please submit **Two** copies and original of all material to Health Services. Health Services will **Not** make copies for you.  
Whiteout renders forms null and void.

– To be completed by Health Practitioner (MD, DO, NP, or PA) –

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**Student Information (Please print):**

CUNYFIRST ID No.: \_\_\_\_\_ Last four digits of S.S. No.: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Trans. (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

QuantIFERON-TB Gold (*lab report required*)

- Chest x-ray report required only for **positive** QuantiFERON-TB Gold

**Note:** All students with a history of positive TST or positive QFTB-Gold, including those who have previously received BCG vaccination, are required to submit a chest x-ray (CXR) report to the Office of Health Services. Students who recently converted to positive TST or positive QFTB-Gold should be offered prophylactic treatment unless medically contraindicated to receive treatment. Student refusal of prophylactic treatment for LTBI must be indicated below.

Reason: \_\_\_\_\_

Latent Tuberculosis Infection (LTBI) Treatment Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

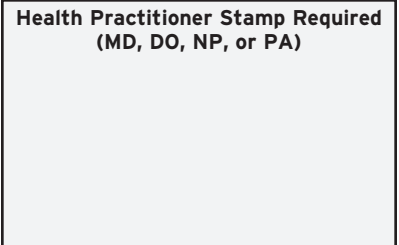
Health Practitioner Name: \_\_\_\_\_ Title: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Examination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Practitioner Signature \_\_\_\_\_





## Medical Record for Massage Therapy

Please submit **Two** copies and original of all material to Health Services. Health Services will **Not** make copies for you.  
Whiteout renders forms null and void.

– To be completed by Student –

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**Student Information (Please print):**

CUNYFIRST ID No.: \_\_\_\_\_ Last four digits of S.S. No.: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Trans. (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**Check any conditions that apply and if medications are taken for that condition.**

Condition	Yes	Meds.	No	Condition	Yes	Meds.	No
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/ Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STDs/STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastro-intestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe any condition checked "yes" above and list subsequent medications: \_\_\_\_\_

List any surgeries or conditions not mentioned above and list subsequent medications: \_\_\_\_\_

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**Check any physical handicap and/or condition that applies.**

Wheelchair bound ☐ Use of crutches or braces ☐ Neurologic impairment ☐ Speech Impediment ☐  
Blind or Partially Sighted ☐ Deaf or Hard of Hearing ☐

Briefly describe any physical handicaps: \_\_\_\_\_

# Physical Examination

Please submit **Two** copies and original of all material to Health Services. Health Services will **Not** make copies for you.  
Whiteout renders forms null and void.

– To be completed by Health Practitioner (MD, DO, NP, or PA) –

## Student Information (Please print):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last four digits of S.S. No.: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vision OU: \_\_\_\_\_ Vision OD: \_\_\_\_\_ Vision OS: \_\_\_\_\_

Influenza Vaccination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

System	Normal	Abnormal	Remarks (describe abnormalities)
Head/Neck			
Eyes/Ears			
Integumentary			
Skeletal			
Muscular			
Digestive/ Abdomen			
Lymphatic			
Respiratory			
Endocrine			
Neurologic			
Circulatory/Cardiac			
Genitourinary			
Psychological/Emotional			

Is student able to perform massage therapy tasks? ☐ Yes ☐ No

If no, please describe why: \_\_\_\_\_  
\_\_\_\_\_

Is there any psychological or emotional condition(s) for which student is being treated? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Health Practitioner Name: \_\_\_\_\_ Title: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Examination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Practitioner Signature \_\_\_\_\_

<b>Health Practitioner Stamp Required (MD, DO, NP, or PA)</b>
05/2018 18-676 ADA

## Obtaining Malpractice Insurance

In order for Massage Therapy students to participate in the hands-on Massage Therapy courses in which they learn the proper techniques, they must obtain liability insurance. Students may obtain liability insurance for free by joining the American Massage Therapy Association (AMTA).

### **American Massage Therapy Association**

Step 1: Go to: <https://www.amtamassage.org/join/>

Step 2: Click on “Join as a Student” (Free)

Step 3: Create your account

Step 4: Complete the information to join, please note that you will be required to show that you are registered at Queensborough Community College

You must submit proof of your liability insurance to your Massage Therapy professors during the first week of the semester, please bring proof with you to each class.

## Ordering Your Uniform from Land's End

1. Go to [www.landsend.com](http://www.landsend.com)
2. Click on "School"
3. Click on "Find Your School"
4. Enter the School Number: 900132283
5. Ensure that the school name & program displayed to the right reads: "Queensborough CC Massage Therapy Program"
6. Enter the information as prompted underneath the school and program's information (grade status: Uniform)
7. Sign in and create your personal account
8. Click on "Shop for this School"
9. Choose a white or royal blue polo shirt from the options listed (you may choose an adult size on the next page)
10. Click on "Adult"
11. Click on your gender
12. Select your size
13. Click on "Add to Bag"
14. At checkout ensure that highlighted message is displayed:

### Example:

#### Women's Short Sleeve Rapid Dry Polo Shirt

Item #486427-BP2

Size: **Extra Large**

Color: **Cobalt**

**Preferred School Program**

\$5.95/QTY 1

**Queensborough C C Massage Therapy  
Program**

**Logo: School Name With Program**

**Designation**

School Code: 900132283

## First Aid and CPR Certification

Students are required to attain certification in First Aid and CPR *prior to* the start of their first semester in the Massage Therapy Program. Students may attain these certifications through one of the following:

1. Take HE 106 *and* HE 110 at Queensborough Community College
2. Take the Basic Cardiac Life Support (BCLS) course offered through Queensborough Community College's Continuing Education Department
3. Take the Basic Cardiac Life Support for Health Professionals course through the American Heart Association

Once you have obtained your First Aid and CPR certifications, send a copy to Rashmika Patel at [RPatel@qcc.cuny.edu](mailto:RPatel@qcc.cuny.edu) and Isabel Hocevar at [IHocevar@qcc.cuny.edu](mailto:IHocevar@qcc.cuny.edu). Please include your Full Name, EMPLID, and that you are an incoming Massage Therapy student on your email to them.

You must submit proof of your First Aid and CPR certification to your Massage Therapy professors during the first week of the semester, please bring proof with you to each class.

## Courses for the Major-Associate in Applied Science Degree (AAS)

Common Core Requirements			
Common Core Category	Courses	Pre-Requisites	Credits
Required Core 1A.	ENGL-101: English Composition	<i>Students must complete any developmental requirements in English (see Proficiency in Math and English) prior to taking this course or enroll in BE-102 at the same time as this course.</i>	3
Required Core 1A.	ENGL-102: English Composition II	ENGL-101	3
Required Core 1B.	MA-321: Mathematics in Contemporary Society	<i>Students must complete any developmental requirements in Mathematics (see Proficiency in Math and English) prior to taking this course or enroll in MA-321 ALP while taking this course</i>	3
Required Core 1C.	BI-301: Anatomy & Physiology I	<i>Students must complete any developmental requirements in English (see Proficiency in Math and English) prior to taking this course.</i>	4
Required Core 2E.	PSYC-101: Psychology	<i>Students must complete any developmental requirements in English (see Proficiency in Math and English) prior to taking this course or enroll in ENGL-101 and BE-102 at the same time as this course.</i>	3
Required Core 2E.	BI-302: Anatomy & Physiology II	BI-301	4
Required Core 2A., 2B., 2D. or 2E.	Social Science or History Elective (1 course)	<i>Please see the pre-requisites listed for the course you choose to take</i>	3
Subtotal			23

Major Requirements			
Courses	Pre or Co-Requisites	Offered	Credits
HA-100: Foundations of Therapeutic Massage	<i>Students must complete any developmental requirements in English (see Proficiency in Math and English) prior to taking this course.</i>	Fall; Spring	3
BI-330: Myology	<b>Pre-requisites:</b> <i>Students must complete any developmental requirements in English (see Proficiency in Math and English) prior to taking this course.</i> <b>Co-requisites:</b> BI-301; <i>Students must obtain liability insurance.</i> <b>**Offered in Fall Only**</b>	Fall	3
BI-331: Kinesiology	<b>Pre-requisites:</b> BI-302, BI-330 <b>**Offered in Spring Only**</b>	Spring	3
BI-325: Neurophysiology	<b>Pre-requisites:</b> BI-301 and BI-302, or BI-235 & BI-421 <b>**Offered in Fall Only**</b>	Fall	3
HA-101: Eastern Massage Therapy I	<b>Co-requisites:</b> BI-301 <b>**Offered in Spring Only**</b>	Spring	2
HA-103: Eastern Massage Therapy II	<b>Pre-requisites:</b> HA-100, HA-101, and BI-301 <i>All prerequisites must be completed with a grade of C or better</i> <b>**Offered in Fall Only**</b>	Fall	2
HA-102: Western Massage Therapy I	<b>Co-requisites:</b> BI-301 <b>**Offered in Fall Only**</b>	Fall	2
HA-104: Western Massage Therapy II	<b>Pre-requisites:</b> HA-102; <i>All prerequisites must be completed with a grade of C or better</i> <b>Co-requisites:</b> BI-331	Spring	2

	<b>**Offered in Spring Only**</b>		
HA-202: Western Massage Therapy III	<b><i>Pre-requisites:</i></b> HA-104 (completed with a grade of C or better) <b><i>Co-requisites:</i></b> HA-203 <b><i>**Offered in Fall Only**</i></b>	Fall	2
HA-203: Massage Practicum I	<b><i>Pre-requisites:</i></b> BI-331; All prerequisites must be completed with a grade of C or better <b><i>Co-requisites:</i></b> HA-220 and 202. <b><i>**Offered in Fall Only**</i></b>	Fall	2
HA-204: Massage Practicum II	<b><i>Pre-requisites:</i></b> HA-203; All prerequisites must be completed with a grade of C or better. <b><i>Co-requisites:</i></b> HA-221 <b><i>**Offered in Spring Only**</i></b>	Spring	3
HA-220: Pathology for Massage Therapy I	<b><i>Pre-requisites:</i></b> BI-302, HA-104; All prerequisites must be completed with a grade of C or better <b><i>Co-requisites:</i></b> BI-325 <b><i>**Offered in Fall Only**</i></b>	Fall	3
HA-221: Pathology for Massage Therapy II	<b><i>Pre-requisites:</i></b> HA-220 (completed with a grade of C or better) <b><i>**Offered in Spring Only**</i></b>	Spring	3
HA-205: Professional Issues in Massage Therapy	<b><i>Co-requisites:</i></b> HA-204 <b><i>**Offered in Spring Only**</i></b>	Spring	2

Electives			
Courses	Pre or Co-Requisites	Offered	Credits
HA-206: Pregnancy Massage; HA-207: Hospital-Based Massage; HA-208: Sports Massage; OR HA-209: Thai Massage	<b><i>Pre-requisites:</i></b> CPR and First Aid Certification, BI-302, BI-331, HA-101, HA-104; or permission of instructor	Contact department for offerings	2
HA 201: Eastern Massage Therapy III	<b><i>Pre-requisites:</i></b> HA 101 and HA 103	<b><i>**Offered in Spring Only**</i></b>	2