Department of Health Sciences
Faculty of Applied Health Sciences

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FROM: Dr. Brent E. Faught, Professor and Chair, Health Sciences, Brock University

Spencer Dickson; Dean, School of Health Sciences, Lambton College

TO: Students considering the Bachelor of Arts in Community Health (Brock University) and Massage Therapy Advanced Diploma (Lambton College) Articulation Program

Preamble:
This program is designed to allow students interested in pursuing a career in the Massage Therapy field the opportunity to complete a 15-credit university degree in Community Health at Brock University, concurrently with an Ontario College advanced diploma in Massage Therapy at Lambton College.

Admission requirements:
To be considered for the program students must meet the following criteria:

1) Achieve at least 65% in HLSC 1F90 and MATH 1F92.
2) Achieve an overall average of at least 60%.
3) Complete 5.0 credits including HLSC 1F90; MATH 1F92; BIOL 1F90 (or 1.0 Science Context Credit if 12U Biology completed; 1.0 Humanities Context Credit; 1.0 elective credit. (If taking MATH 1P98 must also complete another 0.5 elective credit)
4) Complete and submit the application to the Undergraduate Program Coordinator of Health Sciences by April 1st.

Description: The Massage Therapy program involves courses offered through Brock and Lambton College. This four year program allows students to complete a Bachelor of Arts (Pass) Community Health degree at Brock University and a Massage Therapy advanced diploma at Lambton College. Gaining both the degree and diploma would ordinarily require five years of study, but the Brock and Lambton program combines the two in a single integrated package that can be completed in four years.

Upon acceptance into the program, students will complete Year 2 and Year 3 at Lambton College and return to Brock for Year 4. Students must maintain a C grade (70%) at Lambton College in order to enter Year 4 at Brock. Once diploma requirements are met at Lambton College, students will receive their diploma in order to be eligible to write licensing exams; students will receive their degree from Brock University upon completion of all degree requirements.

Students will be expected to obtain a police criminal reference prior to beginning their Massage Therapy placements. Field placement agencies may not allow a student to do a placement if a criminal record exists. Students will also be expected to complete all standard immunizations as required by field placement sites, including Hepatitis B, prior to going on placement. All costs associated with these requirements will be born by the student. The required non-paid practical field placement work for the community college will be completed under Lambton College jurisdiction.

Due to the collaborative nature of this agreement, both Brock University and Lambton College agree that any issues or events of academic or non-academic misconduct, related to any student enrolled in this program, will be shared between the two academic institutions.

Timelines: The application form must be completed and submitted to the Undergraduate Program Coordinator of Health Sciences by April 1st. Offers of acceptance will be made in mid-May by Lambton College.

APPLICATION FORM
BROCK/LAMBTON ARTICULATION AGREEMENT PROGRAM

Bachelor of Arts (Pass) in Community Health (Brock University)
Massage Therapy Diploma (Lambton College)

Protection of Privacy
Brock University gathers and maintains information used for the purpose of admission, registration and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario. In signing an application for admission, you should know that the information you provide and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act (R.S.O. 1990,c F31). The information collected on this form is collected under the authority of The Brock University Act, 1964 and is needed to verify qualifications and decide your eligibility for admission. Upon admission and registration this information will form part of your student record and will be used to document your progress in an academic program. If you have any question about the collection, use and disclosure of your personal information by the University, please contact the Undergraduate Program Coordinator/Advisor for the Department of Health Sciences, Brock University, St. Catharines, Ontario, L2S 3A1, (905) 688- 5550 ext. 4790.

The Personal Information referenced in this form is collected in accordance with section 2(3) of the Ontario Colleges of Applied Arts & Technology Act 2002, and will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act (R.S.O. 1990,c F31). I hereby authorize my high school and/or university to release my academic information and school records to Lambton College and the Ontario College Application Service (OCAS). I further authorize OCAS to release my application and registration information to the Ontario Universities' Application Centre (OUAC), associated universities, provincial and federal ministries and agencies for statistical purposes and for the issuance of income tax receipts. I certify that the above information is truthful, complete and correct, failing which my application many be delayed or invalidated.

STUDENT INFORMATION

Name	**Brock Student ID Number** |____|____|____|____|____|____|____|	
Street	**City, Province**	**Postal Code**
Email address _____@brocku.ca	**Telephone Number** ( ) ___ ___ ___ - ___ ___ ___ ___ X __ __ __ __	

Current Major (i.e. Bachelor of Arts Community Health)

€ **Male** **Social Insurance Number** **Date of Birth**

€ **Female**

Are you a Canadian Citizen? (Circle) **YES** **NO**

If no, what is your country of citizenship? _____

What is your status in Canada? (Circle) Landed Immigrant Student Visa Other _____

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

This application has been reviewed and approved by:

_____ _____
Signature of Undergraduate Program Coordinator **Date**

_____
_____
Signature of Chair, Health Sciences **Date**

Forms attached: ☐ **Application** ☐ **Disability (if applicable)**