

Student Enrollment 2026



Equine Massage Therapist

Application Packet

Langley Equine Studies

19601 Rd. F.4 NE

Soap Lake, WA. 98851

509-246-8053 cell 509-855-8697

www.langleyequinestudies.com langleyequinestudies@outlook.com

Langley Equine Studies



The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. The information you provide, including social security number, is used for research purposes only and to plan for Washington's workforce training needs. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

Langley Equine Studies

19601 Rd. F.4 NE Soap Lake, WA 98851 509-246-8053]
www.langleyequinestudies.com

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: ____/____/____

Social Security Number: ____ - ____ - ____ email: _____

Race (Check only one box):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hawaiian Native or other Pacific Islander | |

*Are you Hispanic in origin? Yes No

Sex: Male Female

*Are you disabled? Yes No

*Are you a military veteran? Yes No

Highest grade completed:

- | | |
|---|--|
| <input type="checkbox"/> Less than high school graduation | <input type="checkbox"/> Certificate (less than 2 years) |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some post high school, no degree/certificate | <input type="checkbox"/> Master's degree or higher |

Student Signature

Date

*Hispanic defined as a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

*Disability defined as a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.

*Veteran defined as a student that served, is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard.

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ENROLLMENT AGREEMENT-CONTRACT

Langley Equine Studies
19601 Rd. F.4 NE
Soap Lake, WA. 98851
509-246-8053 langleyequinestudies@outlook.com

This enrollment agreement is between the above-named school and:

Student Name: _____ Phone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Email address) _____

Please indicate which class you are applying for:

EQMT 100 -HOUR CLASSES

- EQMT 101: On-Campus _____
- EQMT - 102 On-line _____

300-HOUR CLASSES

- EQMT 301: On-campus - _____ Start Date 09/08/2026-End Date 06/15/2027
- EQMT 302: On-Line – _____ Start Date Open enrollment. End Date apx. 10 months.

Hands-on Labs:

LAB -101 (50 Hours) _____

LAB – 102 Advance Technique Lab (50 Hours) _____

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Tuition

EQMT 100-Hour Programs:

EQMT 101: On-Campus - \$ 2900.00

EQMT 102: On-line: \$2750.00

EQMT 300-Hour Programs:

EQMT 301: On-Campus - \$8445.00

EQMT 302: On-line - \$8245.00

WA State students need 50 hours of in person training to sit for the NBCAAM exam, which is required (as State Board test) to obtain your license.

LAB -101 (50 Hours) Hands-on \$1,250.00

LAB – 102 Advance Technique Lab (50 Hours) Hands-on \$1,350.00

COSTS:

Registration Fee	\$100.00
Tuition- class	\$
Books	\$500.00
Lab 101 and or lab 102	\$
WA State Sales Tax on live in person training @ 8.4%	\$
Total	\$

METHOD OF PAYMENT: Cash Check On-line payment Scholarship Third Party

Down Payment	\$
onthly Payment(s)	\$
Payments By Quarter	\$

If tuition isn't paid in full, payments can be arranged by (choose your schedule): _____ Monthly _____ Quarter.

NOTE: As of October 2025, WA State is charging Sales TAX on in person, hands on, live instruction. So, labs and on-campus classes will be charged an 8.4% tax.

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AGREEMENT NOTICE:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

CHANGES TO AGREEMENT NOTICE:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student, or student's parent or guardian if he/she is a minor.

CANCELLATION AND REFUND POLICY:

1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is cancelled by the school.
2. The school must refund all monies paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels past the fifth business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

If the student completes this amount of training:	School may keep this percentage of tuition:
One week or up to 10%, whichever is less	10%
More than one week (or 10%), whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student's termination is the last day of recorded attendance:
 - a. When the school receives notice of the student's intention to discontinue the training program; or,
 - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
 - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. All refunds must be paid within thirty calendar days of the student's official termination date.

Refund policy for On-line Programs: As per WAC 490-105-130

(1) For distance education programs:

(a) A student may request cancellation in any manner and upon such request for cancellation being received and recorded by the school demonstrating the last date of attendance and/or completion of a lesson.

(b) The following is a minimum refund policy for distance education courses without mandatory resident training:

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(i) An applicant may cancel up to five business days after signing the enrollment agreement. In the event of a dispute over timely notice, the burden to prove service rests on the student.

(ii) If a student cancels after the fifth calendar day (excluding Sundays and holidays) but before the school receives the first completed lesson, the school may keep only a registration fee of either fifty dollars or an amount equal to fifteen percent of the tuition, but no greater than a registration fee of one hundred fifty dollars.

(iii) After the school receives the student's first completed lesson and until the student completes half the total number of lessons in the program, the school is entitled to keep the registration fee and a percentage of the total tuition as described in the following table:

If the student completes this percentage of lessons:	The school may keep this percentage of the tuition cost:
0% through 10%	10%
11% through 25%	25%
26% through 50%	50%
More than 50%	100%

(iv) Calculate the amount of the course completed by dividing the number of lesson assignments contained in the program by the number of completed lessons received from the student.

NOTICE TO BUYER:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

CANCELLATION OF CONTRACT:

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.

UNFAIR BUSINESS PRACTICES:

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor, and a written statement notifying all parties that the cancellation and refund policy continues to apply.

CERTIFICATION:

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I, certify that I read and understand the cancellation and refund policy and the complaint procedure; I received a copy of the school catalog and I am entitled to an exact copy of this enrollment agreement, school catalog, and any other papers I sign.

Student Name (Please print): _____

Signature _____ **Date** _____

Authorized School Representative:

As the authorized representative of the school, I hereby agree to the conditions set forth herein.

Mary Lou Langley

Authorized School Representative

Signature School Official: Mary Lou Langley _____ **Date** _____

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to:

Workforce Training and Education Coordinating Board
128 – 10th Avenue SW, Olympia, Washington 98501
Phone: 360-709-4600 Email: pvs@wtb.wa.gov Web: wtb.wa.gov

HOW TO FILE A COMPLAINT

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

DISCUSSION ABOUT COMPLAINT POLICY REQUIRED

First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

1. The school has described the grievance and/or complaint policy to me.
2. I understand that the policy can also be found in the school catalog.
3. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: http://wtb.wa.gov/PCS_Complaints.asp.
5. I understand that I have one year to file a complaint from my last date of attendance.
6. I further understand that in the event of a school closure, I have 60 days to file a complaint.
7. I also understand that complaints are public records.

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8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at http://wtb.wa.gov/PCS_Complaints.asp

Student Name: _____

Signature: _____ Date: _____, 20__

ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

Name: Mary Lou Langley

Signature: _____ Date: _____, 20__

Title: School Administrator

Attachment A

NOTICE OF FINANCIAL OBLIGATION

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under Chapter 28C.10 RCW. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual's enrollment agreement, as well as a copy provided to the enrollee by the school.

ACKNOWLEDGMENT BY ENROLLEE

9. I understand and accept that any contract for training I enter into with the above-named school contains legally binding obligations and responsibilities.
10. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
11. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

Student Name: _____

Signature: _____ Date: _____ 20__

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ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Name: Mary Lou Langley (school administrator),

Signature: _____ Date: _____, 20____

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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 Therapist 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.

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.

Medical History:

The Massage Therapy program that we offer for horses is very physical and strenuous. Check off any injuries or medical complaints/conditions that you may have now or have had in the past. Please be specific. Good health is essential in order to successfully complete this program. Your safety is always first.

Arthritis _____ Asthma _____ Bleeding/Bruising _____ Blood Pressure Problems _____ Chronic Fatigue _____
Cardiac Issues (heart disease, surgeries, etc) _____ Carpal Tunnel Syndrome _____ Fibromyalgia _____
Dizziness/Fainting ___ Epilepsy ___ Joint pain/problems ___ Pregnant ___ Vertebral/Disc problems _____
_____ Other (include any other conditions, syndromes, recent accidents and anything else pertinent to your health status):

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

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Acknowledgement of 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.

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.

Graduation Requirement for non-LMT's: Langley Equine Studies requires WA State students to take the NBCAAM exam prior to graduation and pass all exams GPA minimum 75%.

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 therapist is able/not able to perform massage on animals.

Langley Equine Studies, 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.

Student Name (please print): _____, have read and understand the above information regarding the laws governing equine massage therapy.

_____ Date: _____

(Signature of Student)

Check list:

- \$100.00 application fee payable to Langley Equine Studies
- Completed Application-signed and dated
- "Why I want to be an equine massage therapist" & professional goals essay
- Legal Standing of Animal Massage-signed and dated

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