

MATRICULATION PROCEDURE

Certificate • Massage Therapy

NAME* _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STUDENT ID NUMBER _____ TELEPHONE _____

*It is the responsibility of the student to provide Berkshire Community College with any changes to contact information.

All boxes must be checked as complete before form can be submitted to the Admissions Office.

1. Apply to BCC (Admissions Office, 413-236-1630)

- Submit application;
- Submit official high school transcript(s) or GED;
- Submit official transcripts of any previous colleges attended.

2. Complete program admission requirements.

- Reading and writing competency at a college level as shown through High School GPA 2.7 within past 10 years, the Accuplacer assessment, or by completion of a college composition class;

3. Submit this completed form to the Admissions Office as soon as you meet all requirements.

Admission to the program is done on a space available basis. Students should meet with the program advisor upon matriculation.

SIGNATURE _____ DATE _____

Important notices: To participate in clinical/practicum experiences, students must hold current CPR and First Aid certifications, and must provide evidence of compliance with all health requirements including the six-month Hep B series. Immunization information is available through the Immunization Record Office (A-107).

Any prior criminal offense could hinder placement in clinical agencies. All program requirements including the "CORI" and "SORI" can be found in the current catalog.

OFFICE USE ONLY

ADMIT STATUS _____ DATE SUBMITTED _____

APPROVED _____

HEALTH REQUIREMENTS

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REQUIREMENTS

According to Commonwealth of Massachusetts (Chapter 76, Section 15C, General Laws of Massachusetts) and the BCC policy:

- One dose Tdap
- Two doses of MMR or laboratory titer proof of immunity;
- Three doses of Hepatitis B — 1 initial, 2 one month later, 3 at six months) or a laboratory titer proof of immunity;
- Varicella (Chicken Pox) medical proof of disease or laboratory titer proof of immunity;
- Tuberculosis negative test within the year or a negative chest x-ray within the last five years — must be kept current throughout the program;
- Health history and physical exam completed and recorded on BCC form — must be current to beginning program.
- Flu vaccine

TIMELINE

Requirements need to be submitted to Berkshire Community College Immunization Record Office located in the Susan B. Anthony building.

A107, Student Engagement Center
1350 West Street, Pittsfield, MA 01201
Phone: (413) 236-1660
Fax: (413) 236-3098
Email: immunizationsmedical@berkshirecc.edu

A student will not be allowed to participate in the clinical experience or community-based lab activities without ALL health requirements fully completed.

I have read the health requirements and understand that it is my responsibility to fully comply with the stated deadlines.

SIGNATURE _____ DATE _____

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