

MATRICULATION PROCEDURE

Associate Degree • Physical Therapist Assistant (PTA)

NAME*		
ADDRESS		
STUDENT ID NUMBER	TELEPHONE	
*IT IS THE RESPONSIBILITY OF THE STUDENT TO PROVIDE BERKSHIRE COMMUNITY COLLEGE WITH ANY CHANGES IN CONTACT INFORMATION.		
1. Apply to BCC (Admissions Office, 499-4660, Ext. 1630)		
 Submit application; 		
Submit official high school transcript(s) OR GED;		
Submit official transcripts of any previous colleges attended.		

2. Complete program admission requirements

- □ English: Readiness to take ENG-101 as demonstrated through the ACCUPLACER OR completion of a college-level composition course with a grade of C (73) or better;
- □ Math: ACCUPLACER Next Generation QAS score of 268 or greater OR successful completion of MAT-029, MAT-029C, or MAT-136 or other college level Math (with a minimum grade of C).
- Completion within 5 years of current application college-level Biology or Anatomy and Physiology with a C or better; OR completion within 2 years of current application, high school Biology with a second year of Advanced Biology or AP Biology with a grade of B (80) or better.
- □ Either:
 - 1. Graduate from high school within the last two years with an average of B (80%) or rank in the upper third of the graduating class; **OR**
 - 2. Complete a minimum of 10 credits of college level non-PTA designated courses required in the PTA program with a C or better.
- Complete 20 hours of documented clinical observation in a Physical Therapy setting. (NOTE: Instead of traditional observation during the COVID-19 remote instruction period, students will be allowed to complete the following activity on page 5 of the PTA Matriculation form in lieu of 20 observational hours).
- 3. Submit this completed form to the Admissions Office as soon as you meet all requirements. Admission to the program is done on a continuous basis.

SIGNATURE_

DATE_

Important notices: To participate in clinical/practicum experiences, students must hold current CPR, and must provide evidence of compliance with all health requirements including the six-month Hep B series. Immunization information is available through the Nursing, Health and Immunization Office (H310). 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.

BCC will not admit students concurrently into any two of the following degree or certificate programs: Physical Therapist Assistant, Respiratory Care, LPN or Nursing.

OFFICE USE ONLY		
ADMIT STATUS	DATE SUBMITTED	
APPROVED		
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Berkshire Community College is an aftirmative action/equal opportunity institution and does not discriminate on the basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service and national origin in its educational programs or employment pursuant to Massachusetts General Laws, Chapter 151B and 151C, Title VI, Civil Rights Act of 1964; Title IX, Education Amendments of 1972; Section 504, Rehabilitation Act of 1973; the Americans with Disabilities Act, and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX) and Part 104 (Section 504). All inquiries concerning application of the above should be directed to the Director of Human Resources and Affirmative Action Officer, and Coordinator of Title IX and Section 504, located in the Susan B. Anthony Annex (A-21) at 113-236-1022. The Commonwealth of Massachusetts Community Colleges' Affirmative Action Plan, which is available in the Human Resources Office, contains a full explanation of this specific policy.



HEALTH REQUIREMENTS Associate Degree • Physical Therapist Assistant (PTA)

MANDATORY HEALTH REQUIREMENTS - Berkshire Community College Allied Health Program

Due by last day of classes 1st Fall semester.

Verification of Health History & Physical Exam	Forms for Verification of Health History and Immunizations can be found on the BCC website: www.berkshirecc.edu/admission-and-aid/ admission-process/immunization-and-medical-records.php
Hepatitis B**	3 doses of the hepatitis B vaccine on a 0, 1, and 6 month schedule, OR 2 doses of the Heplisav-B formulation on a 0 and 1 month schedule.** OR Titer with laboratory evidence of immunity*
Tdap	1 dose; and history of a DTaP primary series or age appropriate catch-up vaccination. Td should be given if it has been ≥10 years since Tdap.
MMR	2 doses; <u>OR</u> Titer with laboratory evidence of immunity*
Varicella	Medical proof of disease/Reliable history of chickenpox*** <u>OR</u> Titer with laboratory evidence of immunity*
ТЬ	Tuberculosis negative test within the year <u>OR</u> Negative chest x-ray within the last five years (positive test requires chest x-ray)
Flu vaccination	During flu season
Covid-19 vaccine	Completed series
Meningococcal	1 dose; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger.
	titers) must include laboratory report as proof of immunity. a positive hepatitis B titer result but allows a waiver, students must either document immunity or submit the required waiver form.

***Medical proof/reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a

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physician, nurse practitioner, physician assistant or designee.

ADDITIONAL SITE-SPECIFIC CLINICAL REQUIREMENTS MAY INCLUDE:

• Additional immunization, tests, and titers (site specific);

• Drug screening (site specific).

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_ DATE SUBMITTED _

APPROVED_

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HEALTH REQUIREMENTS

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CONSEQUENCES OF FAILURE TO COMPLY

A student will not be allowed to participate in the clinical experience 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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CLINICAL OBSERVATION FORM

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The Berkshire Community College Physical Therapist Assistant program requires that each of our potential students observes a minimum of 20 hours under a physical therapist or physical therapist assistant. It is our belief that this observation time gives the prospective student a realistic perspective of the clinical setting and the responsibilities and duties of the health professional in physical therapy.

After a student has observed in your facility, would you please complete this form. We appreciate the time and assistance you have provided this student.

NAME OF STUDENT ____

NAME OF CLINICAL FACILITY

ADDRESS_

TOTAL HOURS SPENT AT YOUR FACILITY _____

NAME AND TITLE OF PERSON COMPLETING THIS FORM ____

PLEASE DESCRIBE YOUR GENERAL IMPRESSIONS OF THE STUDENT'S KNOWLEDGE AND INTEREST IN THE PROFESSION OF A PHYSICAL THERAPIST ASSISTANT:

SIGNATURE _____

_____ DATE____



IN LIEU OF PTA OBSERVATION HOURS Associate Degree • Physical Therapist Assistant (PTA) • TEMPORARY CHANGE

We realize that there are very limited opportunities to observe in healthcare during the COVID-19 remote instruction period. Instead of traditional observation, students will be allowed to complete the following activity in lieu of 20 observational hours.

ACTIVITY:

Go to the American Physical Therapy Association website and find out more about careers in PTA. www.apta.org/PTACareers

After viewing the content and all sub-categories for PTA reflect on the following:

- 1. Why are you interested in physical therapy and PTA?
- 2. What strengths do you feel you can bring to the field?
- 3. What things could limit your success in the field?
- 4. What did you learn from the site that you did not know before?
- 5. Knowing that this is a rigorous academic program, how will you prepare to enter the PTA program

Using the questions listed above, summarize your thoughts in a short essay, and attach it to your matriculation form.