

# 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 TO 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**

- Demonstrated competency in ENG 020 & 090;
- Demonstrated competency of MAT 136, MAT 029 or MAT 029C with a “C” or better;
- 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 PTA support courses with a C or better.
- Complete 20 hours of documented clinical observation in a Physical Therapy setting.

**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 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.

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

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**OFFICE USE ONLY**

ADMIT STATUS \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

APPROVED \_\_\_\_\_

# HEALTH REQUIREMENTS

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**MANDATORY HEALTH REQUIREMENTS** - Berkshire Community College Nursing and Allied Health Program

Verification of Health History & Physical Exam	Due by last Friday in March, prior to PTA 150.		
Hepatitis B**	<b>Recommended Immunization for Hepatitis B</b>		
	3 doses of the hepatitis B vaccine on a 0, 1, and 6 month schedule, <b>OR</b> 2 doses of the Hcpisav-B formulation on a 0 and 1 month schedule.**	<b>OR</b>	Test for hepatitis B surface antibody* (anti-HBs) 1-2 months after the final dose in the series to document immunity. ( <u>Obtain a titer to document immunity.</u> )*  Those without immunity (anti-HBs <10 mIU/mL) should receive one or more additional doses of HepB vaccine and retesting.
Tdap	<b>1 dose</b> ; and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥10 years since Tdap.		
MMR	<b>2 doses</b> ; first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given ≥28 days after dose 1	<b>OR</b>	Laboratory evidence of immunity (titer)*
Varicella	Medical proof of disease/Reliable history of chickenpox***	<b>OR</b>	Laboratory evidence of immunity (titer)*
Tb (must be kept current throughout the program)	Tuberculosis negative test within the year	<b>OR</b>	Negative chest x-ray within the last five years
Flu shot	Flu shot or declination form submitted by date in fall to be announced. Flu vaccination schedule is program specific.		
Meningococcal	<b>1 dose</b> ; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <a href="#">MDPH Meningococcal Information and Waiver Form</a> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.		

\*Antibody blood tests (titers) must include laboratory report as proof of immunity.

\*\*Nursing and allied health students must comply with the immunization requirements of their clinical site. If a clinical site requires 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 physician, nurse practitioner, physician assistant or designee.

### IMMUNIZATION TIMELINE

- August 1 — for all students admitted to program or wait list prior to July 1;
- August 31 — for students admitted to program between July 1 and August 15;
- Students who are admitted after August 15 must meet with the Dean of STEM and Allied Health prior to the beginning of Fall classes to determine a plan to meet all health requirements.

### ADDITIONAL SITE-SPECIFIC CLINICAL REQUIREMENTS MAY INCLUDE:

- Additional immunization, tests, and titers (site specific);
- Drug screening (site specific).

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APPROVED \_\_\_\_\_

Berkshire Community College is an affirmative 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 413-236-1022. 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.

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Requirements must be submitted in the Immunization Records Office at BCC, Room A-107 located in the Susan B. Anthony building. You may reach by telephone at 413-236-1660. You may also fax records to 413-236-3098 or email records to immunizationsmedical@berkshirecc.edu.

### CONSEQUENCES OF FAILURE TO COMPLY

Students who do not meet all health requirements by the required dates will be removed from the program and will need to apply for readmission.

**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:

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_