

**Practical Nursing (PN) Certificate, Fall 2021**

Matriculation Form Submission Deadline: July 15, 2021

Submit to: BCC's Admissions Office

Name\* \_\_\_\_\_  
*Please print: Last First Middle*Home Address \_\_\_\_\_  
*Street/PO Box City State Zip*

Student ID# \_\_\_\_\_ Telephone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Email \_\_\_\_\_

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

**Important Information**

**Students who have met all PN admission requirements by July 15, 2021 will be considered for admission.** Students who have met all admission requirements are considered for acceptance on a space availability basis. Admission decisions are made on a rolling basis and students are notified of their acceptance by mail/email.

Students with two PN program failures (at BCC, elsewhere, or in combination) will not be admitted to the program.

All students entering the PN certificate program are required to follow the immunization policy for BCC health students. Students must submit proof of compliance with immunization by August 10, 2021. (Beginning the process by January 1 or before is strongly recommended).

Any prior criminal offense could hinder placement in clinical agencies. See CORI/SORI Requirements in the current BCC catalog for details.

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

The College reserves the right to make changes at any time with respect to course offerings, degree requirements, services provided, cost of attendance, or any other subject.

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**Initial each line** below indicating completion before submitting to the Admissions Office.

**1. Apply to BCC (Admissions Office, 499-4660, Ext. 1630)**

- \_\_\_\_\_ Submit application to BCC – [berkshirecc.edu/apply](http://berkshirecc.edu/apply), Select Pre LPN;
- \_\_\_\_\_ Submit official high school transcript(s) or GED or international transcript(s);
- \_\_\_\_\_ Submit official transcripts of any previous colleges or post-secondary schools attended.

**2. Complete program admission requirements (GREEN COURSES are BCC courses)**

- \_\_\_\_\_ Math: ACCUPLACER Next Generation QAS score of 250 or greater OR successful completion of **MAT-028** or **028C** or higher (if taking college math, must earn a C or better);
- \_\_\_\_\_ Completion of **ENG-101** with a C (73) or better;
- \_\_\_\_\_ Completion of **BIO-150** or **BIO-201 & 202** with a C (73) or better within 7 years;  
(For students intending to Bridge (LPN to ADN) at BCC, **BIO-201** and **BIO-202** require a grade of 77 (C+) or better if taken after January 2018);
- \_\_\_\_\_ Completion of **PSY-107** with a C (73) or better;
- \_\_\_\_\_ **Attend a mandatory Practical Nursing Information Session in the year you plan to apply:** Attach verification form. Register online at [www.berkshirecc.edu/nursinginfo](http://www.berkshirecc.edu/nursinginfo).

Date \_\_\_\_\_ Time \_\_\_\_\_

**3. Were you previously enrolled in LPN course(s) at BCC or elsewhere? Yes / No (please circle)**

If yes, please list course(s) and institution:

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**4. Have you begun HEP B series? Yes / No (please circle)**

**Expected Completion** \_\_\_\_\_

The HEP B series may take up to six months to complete. All students entering the Practical Nursing program should begin the process by January 1 prior to the academic year for which they are seeking admission. See immunization requirements on the next page.

**Immunization Requirements:** Students entering the Practical Nursing program are required to follow the immunization policy for BCC health students. Students must submit proof of compliance with immunizations by August 10th for the fall semester. The college immunization policy can be found in the BCC College Catalog. ([www.berkshirecc.edu/catalog](http://www.berkshirecc.edu/catalog))

**Please note:** The Hep B series may take up to six months to complete. Students should plan accordingly. Immunization information may be shared with the Dean of Nursing, Program Administrative Assistant, Nursing Data Analyst, and contracted agencies to allow for clinical experiences.

### MANDATORY HEALTH REQUIREMENTS

|                   | Required Immunization for Hepatitis B   |
|-------------------|---|
| Hepatitis B       | Laboratory evidence of immunity (titer)<br>(Declination acceptable after second series of vaccines if titer is negative.)<br>3 doses of the Engerix-B or Recombivax--HB formulations of the hepatitis B vaccine on a 0, 1, and 6 month schedule   |
| Tdap              | <b>1 dose;</b> and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at $\geq 7$ 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. Tdap should be given if it has been $\geq 10$ years since Tdap.  |
| MMR               | Laboratory evidence of immunity (titer)<br>(If immunity is not seen, 2 series of MMR vaccine)   |
| Varicella         | Laboratory evidence of immunity (titer)<br>(If immunity is not seen, 2 series of Varicella vaccine)   |
| TB                | Documentation of negative PPD, T-Spot or Quantifiers. Once initial documentation is obtained the test does not need to be repeated annually. A "TB" interview form will be completed annually. If there are any affirmation answers to those questions, the T-Spot will be repeated.  |
| Influenza Vaccine | During regular flu season (Oct-March). Declination is only allowed if there is documented allergy or documentation for religious reasons which will be determined on a case by case basis.  |
| 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. |
| Ishihara Test     | Required for all faculty and students who need to identify color for specific tests. (This will be done during clinical orientation.)   |

(BCC Immunization policy developed according to MDPH Immunization Program 2020-2021 School Year and per requirements of clinical sites)

**Waiver**

If a student is unable to receive an immunization due to medical reasons, they must discuss a medical waiver with the Dean of Nursing and provide a doctor's notice. If a medical waiver is granted, documentation from the student's physician must be filed in the Nursing Immunization and Medical Records Office. It is also highly recommended that these students have blood testing done to show possible immunity. Both medical exemptions and declinations must be renewed on the appropriate forms annually. If a student cannot complete clinical, then he/she cannot complete the course.

**Drug Screening**

Please be advised that students enrolled in certain programs which require clinical or fieldwork study may be required by the placement affiliate agency to undergo and pass a drug screening analysis in order to be eligible. Students who either fail to pass, or refuse to submit to a drug screening analysis will be deemed ineligible for clinical placement, which will affect their status in the program.

**Verification of Student Health History and Physical Exam**

In addition to the Mandatory Immunization Requirements, all students enrolled in the nursing program are required to have Verification of Student Health History and Physical Exam report completed by their health care provider by August 10th for the fall semester.

**Failure to Comply**

A student will not be allowed to participate in the clinical experience without all health requirements fully complete.

Submit requirements to the Nursing Immunization and Records Office located in the Hawthorne Hall, Office #323, Berkshire Community College Main Campus. Telephone: 413-236-4609 Fax: 800-724-9943

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

**By signing below, I acknowledge that I have read and understand the aforementioned information in this matriculation form and attest that I have met all published admission requirements to be considered for admission into the PN program. I also understand that even though I may have met all eligibility requirements and have submitted this matriculation form, I am not guaranteed admission because of space availability.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

|   |   |
|---|---|
| <p><b>OFFICE USE ONLY</b></p>           | <p><u>Admit Status</u></p>                      |
| <p>DATE SUBMITTED _____</p>             | <p><input type="checkbox"/> Accepted</p>        |
| <p>Info session date attended _____</p> | <p><input type="checkbox"/> Space Available</p> |
| <p>Approved _____</p>                   | <p><input type="checkbox"/> Denied</p>          |

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, and national origin in its education 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; 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 Melissa Loiodice, Director of Human Resources and Affirmative Action Officer; and Coordinator of Title IX and Section 504, at 413-236-1022, SBA Annex, Room A-20.