

## MATRICULATION PROCEDURE

Certificate • Massage Therapy

NAME*		
ADDRESS		
		710
CITY	SIAIE	ZIP
STUDENT ID NUMBER	TELEPHONE	
*It is the responsibility of the student to provide Berkshire C	community College with any changes to	contact information.
All boxes must be checked as complete before form	can be submitted to the Admissio	ns Office.
1. Apply to BCC (Admissions Office, 413-236-1630)	)	
☐ Submit application;		
$\Box$ Submit official high school transcript(s) or GED;		
$\ \square$ Submit official transcripts of any previous college	es attended.	
2. Complete program admission requirements.		
$\square$ Demonstrated competence in ENG 020 and EN	IG 090	
<ol> <li>Submit this completed form to the Admissions O         Admission to the program is done on a space availal         matriculation.</li> </ol>		
SIGNATURE	DA	TE
<b>Important notices:</b> To participate in clinical/practicum expe provide evidence of compliance with all health requirements		PR and First Aid certifications, and must
Any prior criminal offense could hinder placement in clinical found in the current catalog.	l agencies. All program requirements in	cluding the "CORI" and "SORI" can be
OFFICE USE ONLY		
ADMIT STATUS	DATE SUBMITTED	
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.



## **HEALTH REQUIREMENTS**

Certificate • Massage Therapy

## MANDATORY HEALTH REQUIREMENTS - Berkshire Community College Massage Therapy

	Required Immunization for Hepatitis B			
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	Test for hepatitis B surface antibody* (anti-HBs) 1-2 months after the final dose in the series to document immunity. (Obtain a titer to document immunity.)* Those without immunity (anti-HBs<10 mIU/mL) should receive one or more additional doses of HepB vaccine and retesting.	
Tdap	1 dose; 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 $2^{nd}$ dose must be given $\geq 28$ days after dose 1	OR	Laboratory evidence of immunity (titer)*	
Varicella	Medical proof of the disease/Reliable history of chick- enpox***	OR	Laboratory evidence of immunity (titer)*	
Tb (must be kept current throughout the program)	Tuberculosis negative test within the year.	OR	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  1 dose; 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 MDPH Meningococcal Information and Waiver Form provided by their institution.  Meningococcal B vaccine is not required and does not meet this requirement.				
*Antibody blood tests (	*Antibody blood tests (titers) must include laboratory report as proof of immunity.			

## **VERIFICATION OF STUDENT HEALTH HISTORY & PHYSICAL EXAM**

Students admitted to the Massage Therapy Program are required to have their medical provider complete this form. A student with a disability should contact the Disability Resource Center at 413-236-1608.

SIGNATURE	DATE
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<sup>\*\*</sup>Allied health students must comply with the immunization requirements of their clinical site. If a clinical side requires a positive hepatitis B titer result but allows a waiver, students must either document immunity of submit the required waiver form.

<sup>\*\*\*</sup>Medical proof/reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/quardian description of chickenpox by a physician, nurse practitioner, physician assistant or designee.