

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. You have already applied to BCC and the Health Science-Massage Therapy Option (Pre-Massage program)**
- 2. Your next step is to finish matriculating into the Massage Therapy Certificate Program by completing the following**
 - Submit official high school transcript(s) or GED; or HiSET
 - Submit official transcripts of any previous colleges attended
 - Demonstrated college level reading and writing skills through Accuplacer; HS/GED/HiSET GPA/transcript; or completion of English composition with a C or better
- 3. Review the second page of this form for immunization and health verification program requirements.**
- 4. Sign the second page of this form and submit to the Admissions Office as soon as you meet all requirements.**
BCC Admissions Office, BCC Campus One Stop, admissions@berkshirecc.edu ; 413-236-1630

Submit all requirements to BCC Admissions Office, BCC Campus One Stop, admissions@berkshirecc.edu ; 413-236-1630

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

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.

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.

MANDATORY HEALTH REQUIREMENTS - Berkshire Community College Massage Therapy

Students admitted to the Massage Therapy Program are required to have their medical provider complete the Immunization and Health Verification Forms.

FORMS can be found on the BCC website: www.berkshirecc.edu/immunizations

- Verification Of Student Health History & Physical Exam Form
- Immunization Form

Immunization and Health Verification forms are due at the start of the first semester and are not part of the matriculation process. All health requirements must be met in order to participate in the practicum/clinicals and any massage therapy community events. A student with a disability should contact the Disability Resource Center at DRC@berkshirecc.edu.

Immunization Requirements and Acceptable Documentation	
Hepatitis B**	3 doses of the hepatitis B vaccine on a 0, 1, and 6 month schedule, OR 2 doses of the Hepsiv-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; OR Titer with laboratory evidence of immunity*
Varicella	Medical proof of disease/Reliable history of chickenpox*** OR Titer with laboratory evidence of immunity*
Tb	Tuberculosis negative test within the year. OR 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.
*Antibody blood tests (titers) must include laboratory report as proof of immunity. **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.	

I have read the health requirements and understand that it is my responsibility to fully comply with the stated deadlines and requirements, and if incomplete will not be allowed to participate in clinical or massage therapy community events.

I have completed all of the matriculation requirements.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

ADMIT STATUS _____ DATE SUBMITTED _____

APPROVED _____