MATRICULATION PROCEDURE
Certificate • Massage Therapy

NAME*

ADDRESS

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. 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.
   - Basic Writing (ENG-060), Reading Skills (ENG-010, ENG-020), if applicable;
   - Complete College Biology (BIO-105 or -101) with a “C” or better within five years;
   - Documentation that the student has received at least one type of massage within the last two years. Massage can include a massage at BCC's Student Massage Clinic (Feb. – May) at no charge.

3. Submit this completed form to the Admissions Office as soon as you meet all requirements.
   Admission to the program is done on a space available basis. Students should meet with the program advisor upon matriculation.

SIGNATURE ________________________________ DATE ________________________________

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 including the six-month Hep B series. Immunization information is available through the Immunization Clerk’s office (A-117).

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.

OFFICE USE ONLY

ADMIT STATUS ________________________________ DATE SUBMITTED ________________________________

APPROVED ________________________________

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 Deborah Cote, Vice President for Human Resources and Affirmative Action Officer; and Coordinator of Title IX and Section 504, at 413-236-1022, SBA Annex, Room A-20.

Rev. Apr 2016
HEALTH REQUIREMENTS
Certificate • Massage Therapy

REQUIREMENTS
According to Commonwealth of Massachusetts (Chapter 76, Section 15C, General Laws of Massachusetts) and the BCC policy:

- One dose Tdap if it has been longer than five years since the last Td;
- Two doses of MMR or laboratory titer proof of immunity;
- Three doses of Hepatitis B — 1 initial, 2 one month later, 3 at six months) or a laboratory titer proof of immunity;
- Two doses of Varicella (Chicken Pox) or medical proof of disease or laboratory titer proof of immunity;
- Tuberculosis negative test within the year or a negative chest x-ray within the last five years — must be kept current throughout the program;
- History and physical exam completed and recorded on BCC form — must be current to beginning program.
- Flu vaccine recommended, not required.

TIMELINE
Requirements need to be submitted to Donna Connors in the Immunization Records Office at BCC, Room A-100 located in the Susan B. Anthony building. You may reach her by telephone at 413-236-1614. You may also fax records to 413-499-4576.

- August 1st — for all students admitted to program prior to July 1st;
- August 31st — for students admitted to program between July 1st and August 15th;
- After August 15th admittance — Please see the Dean of Nursing, Health and Social Science for assistance in meeting this requirement.

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 or community-based lab activities 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 ________________

OFFICE USE ONLY

ADMIT STATUS __________________________ DATE SUBMITTED __________________________

APPROVED __________________________
The Berkshire Community College Massage Therapy Program requires that each of our potential students receive one type of massage from a licensed practitioner. It is our belief that this gives the prospective student a realistic perspective of massage therapy.

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

NAME OF STUDENT ____________________________

NAME OF FACILITY ____________________________

LICENSED PRACTITIONER’S NAME ____________________________

LICENSED PRACTITIONER’S ADDRESS ____________________________

SIGNATURE ____________________________ DATE ____________________________