**Berkshire Community College**

**MATRICULATION PROCEDURE**

**Certificate • Massage Therapy**

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**NAME**: ____________________________________________

**ADDRESS**: ____________________________________________

**CITY** __________________________ **STATE** __________ **ZIP** __________

**STUDENT ID NUMBER**: __________________________ **TELEPHONE**: __________

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*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, 413-236-1630)**
   - □ Submit application;
   - □ Submit official high school transcript(s) or GED;
   - □ Submit official transcripts of any previous colleges attended.

2. **Complete program admission requirements.**
   - □ Demonstrated competence in ENG 020

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** __________

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**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.

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**OFFICE USE ONLY**

**ADMIT STATUS** __________________________ **DATE SUBMITTED** __________

**APPROVED** __________________________

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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-27) 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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<table>
<thead>
<tr>
<th><strong>MANDATORY HEALTH REQUIREMENTS - Berkshire Community College Massage Therapy</strong></th>
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<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
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<tr>
<td><strong>Tdap</strong></td>
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<td><strong>MMR</strong></td>
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<tr>
<td><strong>Varicella</strong></td>
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<tr>
<td><strong>Tb</strong> (must be kept current throughout the program)</td>
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<tr>
<td><strong>COVID Vaccination</strong></td>
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<tr>
<td><strong>Flu shot</strong></td>
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<tr>
<td><strong>Meningococcal</strong></td>
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*Antibody blood tests (titers) must include laboratory report as proof of immunity. **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. ***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.

**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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APPROVED __________________________

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