

MATRICULATION PROCEDURE

Associate Degree • Physical Therapist Assistant (PTA)

NAME* _____

ADDRESS _____

STUDENT ID NUMBER _____ TELEPHONE _____

*IT IS THE RESPONSIBILITY OF THE STUDENT TO PROVIDE BERKSHIRE COMMUNITY COLLEGE WITH ANY CHANGES TO CONTACT INFORMATION.

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

- Reading and writing competency at a college level as shown through the Accuplacer assessment **or** by completion of a college composition class;
- Complete MAT-136 or MAT-029, MAT-029C, if applicable;
- Completion within 5 years of current application college-level Biology or Anatomy and Physiology with a C or better; **or** completion within 2 years of current application, high school Biology with a second year of Advanced Biology or AP Biology with a grade of B (80) or better.
- Either:
 1. Graduate from high school within the last two years with an average of B (80%) or rank in the upper third of the graduating class; **or**
 2. Complete a minimum of 10 credits of college level PTA support courses with a C or better.
- Complete 20 hours of documented clinical observation in a Physical Therapy setting.

3. Submit this completed form to the Admissions Office as soon as you meet all requirements. Admission to the program is done on a continuous basis.

SIGNATURE _____ DATE _____

Important notices: To participate in clinical/practicum experiences, students must hold current CPR, 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-100). 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.

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

OFFICE USE ONLY

ADMIT STATUS _____ DATE SUBMITTED _____

APPROVED _____

HEALTH REQUIREMENTS

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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.

Additional site-specific clinical requirements may include:

- Additional immunization;
- Additional TB screen;
- Updated BCC history and physical form; and/or
- Drug screening.

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 1 — for all students admitted to program or wait list prior to July 1;
- August 31 — for students admitted to program between July 1 and August 15;
- After August 15 admittance — Please see the Dean of Nursing, Health and Social Science for assistance in meeting this requirement in sufficient time to attend clinical experiences.

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 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 _____

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.

