

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 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. **Submit this completed form to the Admissions Office as soon as you meet all requirements.** (Field Administration Building (in person) or via your BCC email: admissions@berkshirecc.edu). Admission to the program is done on a space available basis. Students accepted into the program will receive an email confirmation to accept their seat in the program.

IMPORTANT NOTICES:

Any prior criminal offense could hinder placement in clinical agencies. See "CORI" and "SORI" requirements in current College catalog for details: berkshirecc.smartcatalogiq.com/en/2019-2020/catalog/policies/admissions/special-requirements/criminal-and-sex-offender-record-information-checks-cori-sori/

Health Requirements

Health and Immunization Policy, including required immunizations, health verification, essential functions, for the program can be found at BCC webpage: www.berkshirecc.edu/admission-and-aid/admission-process/immunization-and-medical-records.php

Timeline for Health Records

Massage Therapy Certificate Program	Due by Date for Proof of Immunizations and Health Verification
Fall Start	August 1
Spring Start	December 1

Submit requirements to the Nursing, Health and Wellness Medical Records Office located in the Hawthorne building, Office #323, Berkshire Community College Main Campus.

Telephone: 413-236-4609; Fax: 800-724-9943; medicalrecords@berkshirecc.edu

Consequences of Failure to Comply: student will not be allowed to participate in clinical experiences without ALL health requirements fully completed.

I have read the health requirements and understand that it is my responsibility to fully comply.

I have completed all matriculation requirements.

SIGNATURE _____ DATE _____