

Practical Nursing (PN) Certificate, Fall Entrance

Matriculation Form Submission Deadline: July 15th

Submit to: BCC's Admissions Office (admissions@berkshirecc.edu)

Name* _____
*Please print: Last First Middle*Home Address _____
Street/PO Box City State Zip

Student ID# _____ Telephone _____-_____-_____

Email _____

*It is the responsibility of the student to provide Berkshire Community College with any changes to contact information.

Important Information**Students who have met all PN admission requirements by July 15th will be considered for admission for the fall semester.**

Students who have met all admission requirements are considered for acceptance on a space availability basis. Admission decisions are made on a rolling basis and students are notified of their acceptance by mail/email within 30 days of submission.

Students with two nursing program failures and/or withdrawals (at BCC, elsewhere, or in combination) will not be admitted to the program. Students with nursing failures and/or withdrawals that occurred more than 10 years ago should consult with the Dean of Nursing.

Please refer to the Practical Nurse admission policy for more information: <https://berkshirecc.smartcatalogiq.com/en/Current/Catalog/Policies/Copy-of-Practical-Nursing-Program-Policies/Admission-Policy>

Any prior criminal offense could hinder placement in clinical agencies. See CORI/SORI Requirements in the current BCC catalog for details.

BCC will only accept applications from students for one of the following degree or certificate programs: Physical Therapist Assistant, Practical Nursing or Associate Degree Nursing.

Check each box below indicating completion before submitting to the Admissions Office.

1. Apply to BCC (Admissions Office, 413-499-4660, Ext. 1630)

- If you are new to BCC - submit application to BCC – www.berkshirecc.edu/apply, Select Pre LPN;
- Submit official high school transcript(s) or GED/HiSET to admissions@berkshirecc.edu. If high school transcripts are from overseas, they will need to be VALIDATED by an outside agency.

Name of high school: _____ Date of graduation: _____

- Submit official transcripts to admissions@berkshirecc.edu of any previous colleges or post-secondary schools attended. Please list colleges attended along with dates of attendance:

College Name	Dates of Attendance	Transcripts Requested
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

2. Complete program admission requirements. GREEN COURSES are BCC courses

Note: Completing the minimum program admission requirements does not guarantee admission.

- Math:** ACCUPLACER Next Generation QAS score of 250 or greater OR successful completion of **MAT-028** or **028C** or higher (if taking college math, must earn a C or better);
- Completion of **ENG-101** with a C (73) or better;
- Completion of **PSY-107** with a C (73) or better;
- Completion of **BIO-150** or both **BIO-201** & **202** with a C (73) or better within 7 years;
 (For students intending to Bridge (LPN to ADN) at BCC, **BIO-201** and **BIO-202** require a grade of 77 (C+) or better if taken after January 2018);

- Please complete table below:

COURSE	GRADE	SEMESTER/YEAR	COLLEGE TAKEN AT
Math – see above			
English Composition			
Introductory Psychology			
Intro to the Human Body OR both Anatomy & Physiology I and II			

3. Attend a Mandatory Pre-LPN Information Session: Register online at www.berkshirecc.edu/nursinginfo.

Date _____ Time _____

4. Were you previously enrolled in LPN course(s) at BCC or elsewhere? Yes No

If yes, please list course(s) and institution, and dates of attendance:

5. **Health and Immunizations:** All students entering the PN program are required to follow the Health and Immunization policy for BCC health students. Students must submit proof of compliance with immunization by **August 1st** as per Immunization Policy: <https://berkshirecc.smartcatalogiq.com/Current/Catalog/Policies/Copy-of-Associate-Degree-in-Nursing-Policies/Copy-of-Immunization-Requirements>

I have read the health requirements and understand that is my responsibility to comply with the stated deadlines.

The College reserves the right to make changes at any time with respect to course offerings, degree requirements, services provided, cost of attendance, or any other subject.

By signing below, I acknowledge that I have read and understand the aforementioned information in this matriculation form and attest that I have met all published admission requirements to be considered for admission into the PN program. I also understand that even though I may have met all eligibility requirements and have submitted this matriculation form, I am not guaranteed admission. I acknowledge that what I have indicated on this matriculation form and submitted for consideration to BCC's PN program is accurate and up to date, to the best of my knowledge. Any inaccurate, omitted, false, or misleading information/documents could void this application or lead to removal from the program, if accepted.

Student Signature _____ Date _____

Office Use Only

Date Submitted: _____

Info session date attended: _____

Verified by: _____ Date: _____