

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. 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 and ENG 090

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.

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 _____

MANDATORY HEALTH REQUIREMENTS - Berkshire Community College Massage Therapy

Required Immunization for Hepatitis B			
Hepatitis B	3 doses of the hepatitis B vaccine on a 0, 1, and 6 month schedule, OR 2 doses of the Heplisav-B formulation on a 0 and 1 month schedule.**	OR	Test for hepatitis B surface antibody* (anti-HBs) 1-2 months after the final dose in the series to document immunity. (Obtain a titer to document immunity.)* Those without immunity (anti-HBs<10 mIU/mL) should receive one or more additional doses of HepB vaccine and retesting.
Tdap	1 dose; and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥10 years since Tdap.		
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1	OR	Laboratory evidence of immunity (titer)*
Varicella	Medical proof of the disease/Reliable history of chickenpox***	OR	Laboratory evidence of immunity (titer)*
Tb (must be kept current throughout the program)	Tuberculosis negative test within the year.	OR	Negative chest x-ray within the last five years
Flu shot	Flu shot or declination form submitted by date in fall to be announced. Flu vaccination schedule is program specific.		
Meningococcal	1 dose; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <u>MDPH Meningococcal Information and Waiver Form</u> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.		
*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 site requires a positive hepatitis B titer result but allows a waiver, students must either document immunity or 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 _____

OFFICE USE ONLY

ADMIT STATUS _____ DATE SUBMITTED _____

APPROVED _____