

MATRICULATION PROCEDURE

Associate Degree • Respiratory Care

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, 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. See the BCC College Catalog at www.berkshirecc.edu/catalog for admissions requirements.**3. Submit this completed form to the Admissions Office as soon as you meet all requirements. This program is offered on a cyclical basis; *the next program cycle begins in September, 2019 and the Respiratory Care courses will begin January, 2020.* Admission to the program is done on a continuous basis.**

Important notices: Any prior criminal offense could hinder placement in clinical agencies. See "CORI" and "SORI" requirements in current catalog for details. All students entering the Respiratory Care Program must be immunized (or be in process) by August 1, prior to the academic year of which they are seeking admission. BCC will not admit students concurrently into any two of the following degree or certificate programs: Physical Therapist Assistant, Respiratory Care, LPN or Nursing.

TIMELINE

Health Requirements need to be submitted to the Immunization Records Office at BCC in the Student Support Center, 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.

CONSEQUENCES OF FAILURE TO COMPLY

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.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

ADMIT STATUS _____ DATE SUBMITTED _____

APPROVED _____



VERIFICATION OF STUDENT HEALTH HISTORY & PHYSICAL EXAM

Respiratory Care Program

Students admitted to the Respiratory Care Program are required to have their medical provider complete this form.

Students participating in BCC's Respiratory Care Program shall be capable of performing the Respiratory Care Program's Essential Functions with or without reasonable accommodation*. The Respiratory Care Program's Essential Functions establishes the minimum physical and mental requirements for all students participating in the programs' courses and clinical.

Student Information			
Student Name: _____ DOB: _____ BCC ID _____			
Medical Provider Verification			
Based on my review of the student's health history and medical examination of the student and review of the Respiratory Care Program's Essential Functions (on reverse), this student is:			
<input type="checkbox"/> Cleared for all classroom/lab/clinical participation without restriction			
<input type="checkbox"/> Not cleared			
<input type="checkbox"/> Not cleared at this time; will require a meeting with the Disability Service Center to assess for the applicability/appropriateness of accommodations *			
<input type="checkbox"/> Not cleared at this time; short term limitation that will require a follow-up visit to the physician: List restrictions:			
Medical Provider Information			
Medical Provider: _____		Telephone: _____ - _____ - _____	
Office/Practice: _____		Fax: _____ - _____ - _____	
Address: _____			
Street	City	State	Zip code
Date of Physical Exam: _____			
Medical Provider Signature: _____		Date _____	

Please return completed form to: Berkshire Community College
Immunization & Medical Records Office, SBA, A-118
1350 West Street, Pittsfield, MA 01201
Ph. 413-236-1614 Fax: 413-499-4576

*If you are a student with a disability and need accommodations, please contact the Disability Resource Center at 236-1614.

Essential Functions: Respiratory Care Program

Berkshire Community College seeks to provide equal access to its programs, services and activities for people with disabilities. Therefore, to the extent practicable, the College will endeavor to make a reasonable academic adjustment for an applicant with a disability who is otherwise qualified.

The Essential Functions of a student enrolled in the Respiratory Care Program requires that the student, with or without reasonable accommodations, must be able to:

Physical Stamina Required (Description)

- a. Lift up to 50 lbs. to assist moving patients, supplies, equipment.
- b. Stoop to adjust equipment.
- c. Kneel to manipulate equipment, perform CPR, plug in electrical equipment.
- d. Reach overhead lights, equipment, cabinets, attach oxygen to outlets, stocking.
- e. Motor skills, manual dexterity small and large equipment for storing, moving; apply sterile gloves; take BP; operate computers; perform CPR; utilize syringes, tubes, catheters; set up and maintain sterile field.
- f. Stand for prolonged periods of time (to deliver therapy, check equipment and patient; and perform surgical procedures).
- g. Feel palpate pulses; perform physical exams; feel arteries or veins for puncture; assess skin temperature.
- h. Push and pull large wheeled equipment, i.e. mechanical ventilators, wheelchairs, patients, x-ray, equipment, EKG machines, and office equipment.
- i. Walk for extended periods of time.
- j. Walk quickly or run (the sense of urgency) to respond to emergency calls or assist in critically ill patient transports.
- k. Manipulate – knobs, dials associated with diagnostic or therapeutic devices; small instruments, syringes.
- l. Hear verbal directions, alarms, telephone; hear through a stethoscope for heart sounds, lung sounds, and blood pressure.
- m. See patient conditions such as skin color, work of breathing; read small print and calibration on equipment; perceive color.
- n. Talk: Communicate goals and procedures to patients in English.
- o. Read typed, handwritten, computer information in English. p. Able to write and communicate pertinent information (patient assessment, outcome assessments) in English.

2. Mental Attitude (Description)

- a. Function safely, effectively and calmly under stressful situations.
- b. Maintain composure and concentration while managing multiple tasks simultaneously.
- c. Prioritize multiple tasks.
- d. Social skills necessary to interact with patients, families, co-workers – of the same or different cultures; respectful, polite, discrete; able to work as a team.
- e. Maintain personal hygiene consistent with close contact during direct patient care.
- f. Display the actions and attitudes consistent with ethical standards of the profession.
- g. Exposure to blood borne pathogens Hepatitis, HIV.

These are the *Essential Functions of the Respiratory Care Program*. If there are any reasons why you may not be able to perform these functions with or without reasonable accommodations, you should notify the Program Director as soon as possible.

I have read and am aware of the policy regarding Essential Functions. I understand that if there are any reasons I cannot perform these functions, I must notify the Program Director to arrange reasonable accommodations or innovative assistance.

Student Signature

Date

Student Name

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