

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.

1. **Apply to BCC and the Health Science, Pre-Massage Therapy option.**
2. **Complete all of the matriculation requirements for the Massage Therapy Certificate Program. All boxes must be checked as complete before form can be submitted to the One Stop Enrollment Center.**
 - I applied to BCC and the Health Science, Pre-Massage Therapy option.
 - I submitted official high school or high school equivalency transcripts to the One Stop Enrollment Center.
 - I submitted official transcripts of all previously attended colleges.
 - I completed three credits of college English Composition with a 73 [C] or higher.
3. **Submit this completed form via email to MassageAdmissions@berkshirecc.edu as soon as you meet all the requirements.** Admission to the program is done on a space available basis. Enrollment is limited to 12. 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/current/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
Spring Semester (January 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 _____