



Continuing Education Allied Health
200 Parker Court, League City, Tx 77573
Ph. 409.933.8645 www.com.edu/ce

Dear Prospective Student,

Thank you for your interest in the **Electrocardiography Telemetry Technician Certificate Program** at College of the Mainland. Consideration for acceptance into the program is based upon the submission of your completed application.

What is an Electrocardiography Telemetry Technician?

An ECG/EKG (as they are commonly referred to) Technician operates medical equipment, such as an ECG machine that records and measures a patients' heart activity. By attaching electrodes to the chest, arms, and legs of a patient, EKG technicians monitor, interpret and document the patients' results. In addition to preparing patients for Holter and ambulatory monitoring, the EKG Technician may also troubleshoot technical problems with the ECG machines.

As an EKG technician, you must follow precise instructions to operate the machines and provide quality test results for diagnosis. This requires attention to detail, hand-eye coordination, interpersonal and technical skills, and physical stamina.

Students learn in labs and classes and gain connections through clinicals at local health care facilities. Students will also receive BLS Healthcare Provider CPR training through the American Heart Association. Students successfully completing this program will be prepared to take the EKG Technician Exam (CET), administered by the National Healthcareer Association (NHA).

Do I need a High School Diploma or GED?

Yes; A High school diploma or GED is required to participate in the Electrocardiography Telemetry Technician Certificate training program and may be required for Financial Aid application as well as when applying for employment (depending upon the company's policies.)

How do I begin?

Interested students must apply to the Electrocardiography Telemetry Technician Certificate training program by submitting, in person, all required application documents to the CE Allied Health Department located at 200 Parker Court, League City, Texas 77573. **Please note: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** Also, approval of an application does NOT guarantee a student a place in the class, it only gives the ability to register Pending Space Availability. Please contact Nichole Sullivan at (409) 933-8645 if you have questions.

Criminal Background Checks

Acceptable current Texas Department of Public Safety Criminal Background Check (Instructions attached) (no older than 12 months)



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Registration

Only applicants that have been approved for the program will be allowed to register. Registration with an approved form MUST be done in person through the CE Office located at the Main Texas City Campus, 1200 Amburn Rd. TVB-1475, Texas City, Texas 77591. For more information please call (409) 933-8586. Registration is a first come, first served basis. Classes may be closed due to maximum enrollment or cancel without notice. Therefore, students are encouraged to register early.

Financial Aid

Financial Aid may be available for the Electrocardiography Telemetry Technician Certificate training program if the student qualifies and if there is funding available. Continuing Education students may apply for the **Texas Public Education Grant (TPEG-NC)**. The TPEG-NC covers a portion of tuition fees only (typically 50%) & is a ONE TIME ONLY grant that is available to those students demonstrating a financial need. The remaining portion of the balance is the student responsibility and is due at the time of registration. All application requirements for TPEG MUST be completed at least (2) two weeks prior to class start date. For questions regarding financial assistance, please contact Student Financial Services at (409) 933-8466.

Students: Check your COM email!

Beginning Spring 2016 all COM business will be administered your COM email address. Students will need to setup their COM email account in order to receive any communication from the Financial Aid office, business office, Instructors or other. Personal email addresses will not be used for College correspondence. From the COM Home page click on Information Technology under College Operations. From the left menu you can find all information under Get Connected. Direct links:
<http://its.com.edu/login-information> <http://its.com.edu/email> For more information contact IT at (409) 933-8302.

**Applicant: Please retain this page for your records.
It does not need to be turned in with your application. Thank you!**



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Electrocardiography Telemetry Technician - Student
Requirements:

(Please fill out legibly and completely)

Desired Class Date: Session: CEQ

Name:

DOB: Age:

Address:

City: , Texas Zip:

Phone #: Alt #:

Email:

In Case of Emergency, Please Contact:

Name (please print) Relation to Student Phone Number

OFFICE USE ONLY: [] APPROVED [] DECLINED
STAFF VERIFICATION: DATE:
COMMENTS:

Completed applications are to be returned to Nichole Sullivan, Administrative Assistant
CE Allied Health 200 Parker Court League City, Texas 77573 409-933-8645



Students entering the Electrocardiography Telemetry Technician Certificate program must meet the following minimum requirements:

(THIS AREA TO BE COMPLETED BY COM STAFF ONLY)

Required Immunizations document signed and dated by your Healthcare Provider and accompanying shot records MUST include:

- Hepatitis B (3 shots)
Tdap (within the last 10 years)
MMR (2 shots)
Varicella (2 shots)/TITER
TB Skin Test Negative (within 12 months)
Negative 10 Panel Drug Screen Test w/list of items tested for (within 12 months)
Completed and Signed Student Acknowledgement of Hepatitis B form
Completed and Signed Documenting History of Varicella form
Current COM Healthcare Physical document completed and signed and dated by your Healthcare Provider (no older than 12 months)
Copy of signed Social Security Card (MUST match Photo ID)
Copy of Driver's License or Government Issued Photo ID (MUST match Social Security Card)
Signed and dated Notice to Students Form
Acceptable current TXDPS Criminal Background Check (Instructions attached) (no older than 12 months)
Copy of High School Diploma or GED

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PHYSICAL EXAM & IMMUNIZATION DOCUMENTATION

**All Sections are to be Completed ONLY by Healthcare Professional
 (STUDENTS ARE NOT TO COMPLETE ANY PART OF THIS FORM)**

Student's Name

Last	M/I	First	Sex	DOB: (DD/MM/YYYY) / /
Weight	Height	Pulse	Temp	Blood Pressure S _____ D _____

List any current illnesses or injuries: _____

Is student currently pregnant: _____ If so, what is the due date: _____

List any permanent medical conditions or physical limitations: _____

Medical History: (Check if applicable)

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypoglycemic |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Influenza | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Infantile Paralysis |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other _____ | (Please specify) |

(If checked above please explain): _____

Tests: (*Attach proof of finding)

(Please attach proof of results. Must be no more than 1 year old to the date of the class. If results are positive, a chest x-ray is required)

TB Skin Test	Date read	Initials	TB Chest X-ray	Date read	Initials
<input type="checkbox"/> Pos <input type="checkbox"/> Neg			<input type="checkbox"/> Pos <input type="checkbox"/> Neg		

(*Attach proof of finding)

Immunizations (Give most recent date)

Hepatitis B (3 shots) 1. _____ 2. _____ 3. _____	Tdap (w/in last 10 yrs)	MMR (2 shots)	Varicella (2 shots)/Titer
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I certify that I have examined this individual and he/she is suitable physically and emotionally to participate in the CE Allied Health ELECTROCARDIOGRAPHY TELEMETRY MONITORING Program to which they are applying for:

Yes No (If no, please explain) _____

 Date: _____ Signature: _____ M.D.
 Address & Office Phone: _____



Employability & Criminal History Checks for ECG Telemetry Technician

Background Check

A criminal history check from the Texas Department of Public Safety is required to be presented by the student for COM’s Continuing Education Allied Health programs. Please go to the Texas Department of Public Safety website at **www.txdps.state.tx.us** to obtain instructions on how to request a criminal history check. The approximate cost for getting a background check is \$3.57 for each last name of applicant. This must be turned in with checklist information required for your desired program.

- Background checks **MUST** be obtained from the Texas DPS website. Reports processed through city police, county sheriff or other will **NOT** be accepted as they are not all inclusive of the state of Texas.
- Background checks older than 12 months to the class date you are applying for will not be accepted.
- Criminal history clearance through College of the Mainland CE Allied Health does not constitute clearance through potential employers or hiring entities.

It is understood that I **am to provide** College of the Mainland with a Criminal History background check. Please initial. _____

Release Agreement

While caring for patients during my clinical rotations, I hereby release and discharge College of the Mainland and all its employees from all liability for all injury, exposure or damage arising from health risks of caring for patients during my clinical rotation or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (*including blood-borne pathogens*) or personal injury. I am aware of the health risks of caring for such patients. Please initial. _____

Immunization Acknowledgement

I am also aware that the College of the Mainland CE Allied Health Department, which oversees the Electrocardiography Telemetry Technician Certificate Program, requires that I have the required immunizations before my clinical rotations. I understand that I will not be allowed to enter the clinical facility for clinical purposes if I do not have the required immunizations. Please initial. _____

Applicant’s Statement

I certify that I have read the above statements and that initialing my name means that I agree with the above statements. If accepted into the College of the Mainland Electrocardiography Telemetry Technician Certificate Program, I agree to abide by the rules set forth by the school and the program.

Student Signature: _____ Date: _____



STUDENT ACKNOWLEDGEMENT OF HEPATITIS B VACCINE

Department of State Health Services
Disease Prevention & Intervention Section
Immunization Branch

POLICY STATEMENT 1.0 Completion of Hepatitis B vaccine series prior to direct patient care

The Texas Department of State Health Services (DSHS) rule §97.64,
'Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in
Institutions of Higher Education' [25TAC§97.64, April 2004], requires students enrolled in
health-related courses, which will involve direct patient contact in medical or dental care
facilities to complete a three dose series of hepatitis B vaccine prior to direct patient care. This
rule applies to all medical interns, residents, fellows, nursing students, and others who are
being trained in medical schools, hospitals, and health science centers and students attending
two-year and four-year colleges whose course work involves direct patient contact regardless
of the number of courses taken, number of hours taken, and the classification of student.

Website for Texas Department of State Health Services Adult Immunizations Schedule:
http://www.dshs.state.tx.us/immunize/adult_sched.shtm

Please check one of the following boxes as it applies to your Hepatitis B series:

- I have completed the Hepatitis B 3 shot series
I only have 1 shot remaining of the 3 shot series: 3rd shot due
I have completed my first shot and the dates for the next two shots are:
Based upon the clinical/extern site rules and regulations I understand & acknowledge that if I
have not completed the Hepatitis B 3 shot series, I may not be able to participate in the
clinical/externship portion of the program.
I have read and understand the Texas Department of State Health Services policy on Hepatitis B
vaccine series. https://www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

Student Printed Name

Student Signature

Date:



Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the "Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chickenpox)."

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease. College of the Mainland shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

- 1. A serologic confirmation of varicella immunity (positive varicella IgG result).
2. A written statement from a physician or the student's parent or guardian containing wording such as: "This is to verify [blank] had varicella disease (chickenpox) on or about [blank] and does not need the varicella vaccine."

(Printed name of person completing form)

(Signature of person completing form)

(Relationship to student)

(Date)



For more information about Varicella contact: Texas Department of State Health Services Immunization Branch (800) 252-9152 www.ImmunizeTexas.com