

Student Requirements

Desired Class Date _____ CEQ _____ <hr/> Name _____ <hr/> Address _____ <hr/> City _____ Zip _____ <hr/> Phone _____ Alt Phone _____ <hr/> Email _____ <hr/>	STAFF VERIFICATION: <hr/> DATE: _____ COMMENTS: <hr/> <hr/> <hr/>
PROGRAM (check one): <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Patient Care Technician <input type="checkbox"/> Electrocardiography Technician <input type="checkbox"/> Phlebotomy Technician	
Dental Assistant: <ul style="list-style-type: none"> ○ High School Diploma or GED copy ○ Required Immunizations document signed and dated by your Healthcare Provider and accompanying shot records must include: Hepatitis B (3 shots) TB Skin Test Negative (within 1 year) ○ Healthcare Physical document signed and dated by your Healthcare Provider ○ Criminal History/Background Check (Instructions attached) <p><i>This course trains students for employment as a dental assistant and prepares them to take the State of Texas Registered Dental Assistant (RDA) exam. To register for this exam, students must also complete an online course, costing approximately \$155. Additional fees payable to the State of Texas will include a \$36 application fee, \$150 state test fee & other associated fees. These requirements will be discussed at the first class meeting.</i></p>	Patient Care Technician: <ul style="list-style-type: none"> ○ High School Diploma or GED copy ○ Must have completed the following courses: <ul style="list-style-type: none"> ○ Certified Nurse Aide (CNA) ○ Electrocardiography Tech (ECG) ○ Phlebotomy ○ Criminal History/Background Check (Instructions attached) ○ Valid AHA CPR for Healthcare Providers Certification/Card <p><i>This course prepares students for a job as a patient care technician, who performs a role similar to that of a certified nurse assistant but with more responsibility. Patient care techs acquire patient vital signs, gather blood samples and are a key member of the medical team.</i></p>

Electrocardiography (ECG) Technician:

- High School Diploma or GED copy
- 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)/TITER**
 - **Varicella (2 shots)/TITER**
 - **TB Skin Test Negative (within 1 year)**
- Healthcare Physical document signed and dated by your Healthcare Provider
- Criminal History/Background Check (Instructions attached)

This course provides an overview of basic cardiovascular terminology, anatomy and physiology. It focuses on the proper placement of ECG leads and maintenance of equipment to obtain an accurate 12-lead ECG. Students will learn to recognize cardiac arrhythmias. The course outlines responsibilities of ECG technicians and provides clinical laboratory opportunity to develop entry-level skills.

***There will be an additional approximate expense of \$35 for a 10 panel drug screening*

Phlebotomy Technician:

- Must have High School Diploma or GED copy
- 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)/TITER**
 - **Varicella (2 shots)/TITER**
 - **TB Skin Test Negative (within 1 year)**
- Healthcare Physical document signed and dated by your Healthcare Provider
- Criminal History/Background Check (Instructions attached)

This course trains students in the safest methods of drawing blood with as little patient discomfort as possible. Students are introduced to basic knowledge and skills of the phlebotomy profession. Students will learn various types of blood collections utilizing the proper techniques and universal precautions. On completion of the course, a National Healthcare Association CPT exam will be administered.

***There will be an additional approximate expense of \$35 for a 10 panel drug screening*

For more information: Contact **Nichole Sullivan**, Administrative Assistant, 409-933-8645, nsullivan1@com.edu

Physical Exam & Immunization Requirements

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: _____

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:

(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)	Tdap (w/in last 10 yrs)	MMR (2 shots)	Varicella (2 shots)/Titer	Seasonal Flu
1. _____ 2. _____ 3. _____				

I certify that I have examined this individual and he/she is suitable physically and emotionally for the College of the Mainland Allied Health Program to which they are applying for:

Yes No (If no, please explain) _____

Date:

Signature **M.D.**

Address



Continuing Education: Allied Health Programs

Background Check

A background check from the Texas Department of Public Safety is required 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.

Release Agreement

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 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. Please initial. _____

I am also aware that the College of the Mainland Allied Health Department requires that I have the required immunizations before my clinicals. I understand that I will not be allowed to enter the clinic 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 Allied Health Program, I agree to abide by the rules set forth by the school and the program.

Student Signature: _____

Date: _____

Student Printed Name: _____