



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

#### **What is an electrocardiography 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 EKG 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 Technician Certificate Program. A high school diploma or GED may be required for financial aid application as well as employment at various nursing and medical facilities, depending on their company policies.

#### **How do I begin?**

Interested students must apply to the Electrocardiography Technician 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 are not 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 call CE Allied Health at 409-933-8645 if you have questions.**

#### **Criminal Background Report**

Acceptable current Pre Check Criminal Background Report (no older than 12 months & cannot expire before program completion) [Positive criminal history reports must be reviewed by the CE Allied Health Program Director.] Criminal background reports obtained through city or county law enforcement agencies are not acceptable.

#### ***Notice to Students Regarding Licensing***

*Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. NOTE: Criminal history checks are required for clinical experience purposes.*



*Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a “Criminal History Evaluation”:* <https://www.precheck.com/>

*This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.*

### **Registration**

Only applicants approved for the program can register. Registration with an approved form **must** be done in person at the CE Office at the Texas City campus, 1200 Amburn Rd., Texas City, TX 77591. For more information call 409-933-8586. Registration is on a first-come, first-served basis. Classes may be closed due to maximum enrollment or be cancelled without notice. Therefore, students are encouraged to register early.

### **Financial Aid**

Financial aid may be available for the Electrocardiography Technician Program if the student qualifies and funding is 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 75%) and is a one-time-only grant available to students with financial need. The remaining balance is the student’s responsibility and is due at the time of registration. **All application requirements for TPEG must be completed a minimum of two weeks before the class.** Contact Continuing Education at 409-933-8586 for more information on how to apply.

### **Students: Check your COM email!**

Beginning spring 2016, all COM business will be sent your COM email address. Students need to set up their COM email account in order to receive any communication from the Financial Aid Office, Business Office, instructors or other staff. Personal email addresses will not be used for College correspondence. To set up your email 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.



# Electrocardiography Technician Program Application

For CE Allied Health Office  
Use Only

Approved  Declined

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Cohort: \_\_\_\_\_-ECRD-1011-\_\_\_\_\_HY

\_\_\_\_\_ -EMSP-1050-\_\_\_\_\_CL

\_\_\_\_\_ -CVTT-1060-\_\_\_\_\_CL

Semester Requested (check one):  Spring  Summer  Fall

Year: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ Alt #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*In Case of Emergency, Please Contact:*

\_\_\_\_\_  
Name (please print) Relation to Student (\_\_\_\_) Phone #

Have you or are you planning to apply for Financial Aid: (circle one) YES NO

(PLEASE PRINT CLEARLY)



**Before returning your application, make sure you have the following documents:**

1. Immunization record(s) showing proof of immunity through titer or vaccine for Hepatitis B, MMR, Varicella, Tdap & negative TB skin test (Tdap & TB cannot expire before program completion)
2. Current Medical Examination form completed and signed by your Healthcare Provider (no older than 12 months)
3. Negative 10 Panel drug screen test results w/list of items tested for (no older than 12 months & cannot expire before program completion) [Drug panels that are less than 10 panel will not be accepted.]
4. Acceptable current PreCheck Criminal Background Report (no older than 12 months & cannot expire before program completion) Applicant will be charged a fee by PreCheck for their report. **[Positive criminal history reports must be reviewed by the CE Allied Health Program Director.]** *Criminal history report MUST provide the following items:*
  - Social Security Number Verification;
  - Criminal Search (7 years or up to 5 criminal searches);
  - Violent Sex Offender and Predator Registry Search;
  - HHS/OIG List of Excluded Individuals;
  - GSA List of Parties Excluded from Federal Programs;
  - U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN);
  - Applicable State Exclusion List, if available.
  -
5. Copy of Signed Social Security Card (**must** Match Photo ID)
6. Copy of Driver's License or Government-Issued Photo ID (**Must** Match Social Security Card) [Expired ID will not be accepted.]
7. Copy of High School Diploma or GED
8. Health Insurance coverage; you must show proof of current health insurance coverage prior to the clinical rotation.



**Students entering the Electrocardiography Technician Program must meet the following minimum requirements:**

Note: All immunizations must be completed in their entirety before clinicals or in class activity with potential exposure to blood or bodily fluids

Immunization record(s) showing proof of immunity through **titer or vaccine** for:

<b>Measles (Rubeola), Mumps &amp; Rubella (MMR)</b>	<b>A. Two doses of Measles, Mumps, Rubella (MMR) vaccine OR</b>	Date #1: _____ Date #2: _____
	<b>B. Serologic test <u>positive</u> for Measles antibody</b>	Date of Collection: ____ Positive Result      ____ Negative Result
	<b>B. Serologic test <u>positive</u> for Mumps antibody</b>	Date of Collection: ____ Positive Result      ____ Negative Result
	<b>B. Serologic test <u>positive</u> for Rubella antibody</b>	Date of Collection: ____ Positive Result      ____ Negative Result
<b>Varicella</b>	<b>A. Two doses of Varicella vaccine OR</b>	Date #1: _____ Date #2: _____
	<b>B. Serologic test <u>positive</u> for Varicella antibody OR</b>	Date of Collection: ____ Positive Result      ____ Negative Result
	<b>C. Physician documented history of Varicella (Chicken Pox)</b>	Disease Date: _____
<b>Hepatitis B</b>	<b>A. Dose 1                      Dose 2                      Dose 3                      OR</b>  Date : _____      Date : _____      Date : _____	<b>B. Serologic test <u>positive</u> for Hepatitis B antibody</b> Date of Collection: _____  ____ Positive Result      ____ Negative Result
<b>Tdap</b>	<b>A. Must be current within the last 10 years.</b>	Date: _____
<b>TB (PPd)</b>	<b>A. Must be current within the last 12 months.</b>  Date Given: _____ Date Read: _____ ____ Positive Result      ____ Negative Result      ____ mm	<b>B. If TB (PPd) skin test is positive, a negative chest x-ray report is required.</b>  Date of X-Ray: _____ ____ Positive Result      ____ Negative Result
<b>10 Panel Drug Screen</b>	<b>A. Negative 10 Panel Drug Screen test with list of items tested for (Must be current within the last 12 months) [Drug panels less than 10 panel will <b>not</b> be accepted.]</b>	Date of Collection: _____ ____ Positive Result      ____ Negative Result

*I am aware that the College of the Mainland CE Allied Health Department, which oversees the Electrocardiography Technician 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 \_\_\_\_\_



## PHYSICAL EXAM DOCUMENTATION

All Sections are to be completed by Healthcare Professional ONLY

(STUDENTS ARE NOT TO COMPLETE ANY PART OF THIS FORM)

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

List any current illnesses or injuries: \_\_\_\_\_

Is applicant currently pregnant:  Yes  No If yes, how far along: \_\_\_\_\_

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): \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_  
Signature of Healthcare Provider M.D. Date

\_\_\_\_\_  
Provider Address (street, city, state, zip) Provider Office Phone (incl. area code)



## Acknowledgement of Hepatitis B Vaccine Requirement

Department of State Health Services Disease Prevention and 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 training 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:  
[www.dshs.state.tx.us/immunize/adult\\_sched.shtm](http://www.dshs.state.tx.us/immunize/adult_sched.shtm)

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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 is scheduled for \_\_\_\_\_
- I have completed my first shot and the dates for the next two shots are scheduled for: \_\_\_\_\_ and \_\_\_\_\_

**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. [www.dshs.state.tx.us/immunize/docs/school/hepB\\_Policy.pdf](http://www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Documenting History of Illness: Varicella (Chicken Pox)

This form summarizes the “Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chicken Pox).”

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student’s positive history of varicella disease (chicken pox), 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:

- A serologic confirmation of varicella immunity (positive varicella IgG result).
- A written statement from a physician or the student’s parent or guardian containing wording such as: “This is to verify \_\_\_\_\_ had varicella disease (chicken pox) on or about \_\_\_\_\_ and does not need the varicella vaccine.”  
(Printed Name of Applicant)  
(Approximate month/year)

\_\_\_\_\_  
Printed name of person completing form

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Date



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





## Criminal History Report for Electrocardiography Technician Applicants

### Criminal History Report

A criminal history check from Pre Check is required to be presented by the student for COM’s Continuing Education Allied Health Electrocardiography Technician program. Please go to the PreCheck website at <https://www.precheck.com/> to request your criminal history check. There is a fee that the applicant will be charged by PreCheck for their report. ***The report results must be printed out and turned in with all completed requirements for the program.***

***Criminal history report MUST provide the following items:***

- Social Security Number Verification;
- Criminal Search (7 years or up to 5 criminal searches);
- Violent Sex Offender and Predator Registry Search;
- HHS/OIG List of Excluded Individuals;
- GSA List of Parties Excluded from Federal Programs;
- U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN);
- Applicable State Exclusion List, if available.
- 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 responsible for providing** College of the Mainland with a copy of my Criminal History background report.

PLEASE INITIAL \_\_\_\_\_

### ***Notice to Students Regarding Licensing***

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APPLICANT SIGNATURE OF ACKNOWLEDGEMENT \_\_\_\_\_



## Health Insurance Information for Electrocardiography Technician Applicants

Various clinical agencies now require students to have health insurance. ***You must have proof of health insurance at all times during clinical rotations.*** Please fill out the form below, and submit proof of health insurance coverage with your application. Failure to notify the CE Allied Health department of lapse in health insurance coverage while attending clinical may result in disciplinary action up to dismissal from the Electrocardiography Technician program. Providing invalid documents will result in disciplinary action up to dismissal from the Electrocardiography Technician program.

If you do not have health insurance, check the box indicating that you do not currently have health insurance coverage and you will be contacted by the CE Allied Health department with further instructions. You may call or email the CE Allied Health department at (409) 933-8645 or [CEAlliedHealth@com.edu](mailto:CEAlliedHealth@com.edu) if you have questions or concerns regarding Electrocardiography Technician student health insurance coverage.

I have health insurance coverage (*proof of coverage MUST be attached*)

Applicant/Student Name: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

I do not have health insurance coverage

\_\_\_\_\_  
Applicant/Student Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Student Signature



## Signature Agreement for Electrocardiography Technician Applicants

### 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.

### 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 Technician Program, I agree to abide by the rules set forth by the school and the program.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

Completed Applications are to be submitted in person to the  
North County Learning Center  
200 Parker Court – League City, Texas – 77573  
Monday – Friday 8:00am – 4:30pm

200 Parker Court | League City, Texas 77573 | 409.933.8645 | [www.com.edu/ce](http://www.com.edu/ce)