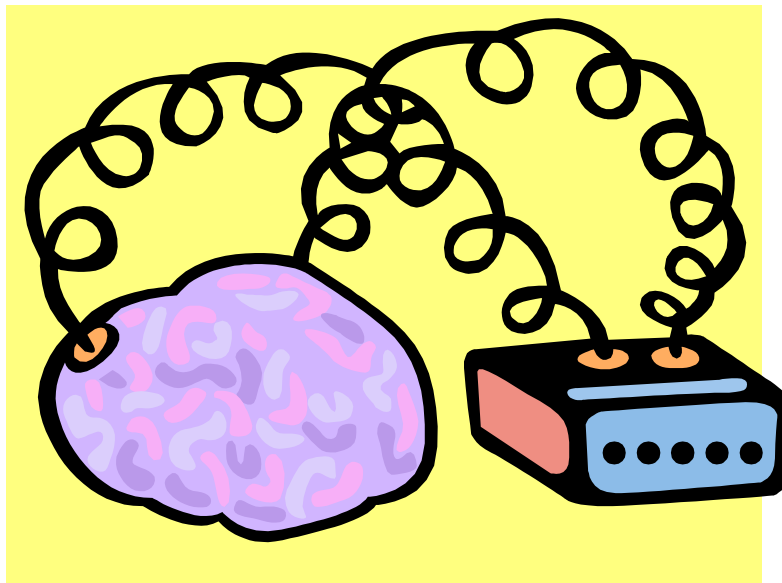


ALVIN COMMUNITY COLLEGE

Electroneurodiagnostics



Program Information And Application

Advanced Technical Certificate



Dear Electroneurodiagnostics Applicant:

An Electroneurodiagnostic Technician (END) is a skilled Allied Health professional who records electrical activity arising from the brain, spinal cord, peripheral nerves, somatosensory or motor nerve systems using a variety of techniques and instruments.

The most common Electroneurodiagnostic procedures include:

- Electroencephalogram (EEG) – a recording of the electrical activity of the brain on a computer that utilizes specialized software
- Intraoperative Neuromonitoring (IONM) – recording brain spinal and nerve function during surgery
- Long Term Monitoring (LTM) – Specialized EEG that is correlated with behavioral activity over prolonged periods of time to evaluate complicated seizures
- Evoked Potential (EP) – an electrical response of the nervous system to specific stimuli used to assess function visual, auditory and somatosensory nerve pathways
- Nerve Conduction Studies (NCS) – a recording of electrical potentials from the peripheral nerves

By recording electrical patterns throughout these systems, END technologists provide valuable data that a physician will use to diagnose and treat conditions such as neuromuscular disorders, brain tumors, seizure disorders, strokes and degenerative brain disease.

The END technologist works with patients of all ages in a variety of settings including: hospitals, out-patient clinics, physician offices, epilepsy monitoring units, operating rooms and research facilities.

Qualified END technologists are in demand. According to the American Society of Electroneurodiagnostic Technologists (ASET) salary report, average salary for END technologists working full-time is \$48,173. ASET also reported a 46% job growth over the next 10 years.

Enclosed is information that describes the program, and provides admission requirements. Application for admission to the program should be made by July 15th through the program office.

Sincerely,

Stacy Pedigo, R.EEG/EP T, CNIM
Program Director

Electroneurodiagnostics Advanced Technical Certificate

Electroneurodiagnostics Degree Program

Degree: Advanced Technical Certificate (ATC)

Length: Four (4) semesters

Purpose: Electroneurodiagnostics (END) Technology is an allied health specialty for recording electrical activity arising from the brain, spinal cord, peripheral nerves, somatosensory or motor nerve systems using a variety of techniques and instruments.

The END technologist works with patients of all ages in a variety of settings including: hospitals, out-patient clinics physician offices, epilepsy monitoring units, operating rooms and research facilities.

Admission Requirements:

To be considered for admission to the Electroneurodiagnostics program, the applicant must:

- a. Make application to Alvin Community College and fulfill the admission requirements.
- b. Make application to the Electroneurodiagnostics program by July 15th.
- c. Hold an Associate Degree in a health-related field.
- d. Submit official transcripts from where above degree was granted.
- e. Submit appropriate state licensure and/or credentials from one of the disciplines in (c) above.
- f. Complete physical examination and immunization upon acceptance.
- g. Not currently be on suspension or academic probation.
- h. Current CPR certification – AHA Health Care Provider.
- i. Background checks are conducted as a condition of full acceptance in the the Electroneurodiagnostics Program.

Advanced Technical Certificate Electroneurodiagnostics Degree Program

Course Number	Course Title	Lecture Hrs.	Lab Hrs.	Credits
First Year				
First Semester (Fall)				
ENDT 1350	Electroencephalography	2	2	3
ENDT 1345	Applied Electronics and Instrumentation	2	2	3
		7	4	9
Second Semester (Spring)				
PSGT 1310	Neuroanatomy & Physiology	3	0	3
ENDT 2320	Electroneurodiagnostic Tech I	2	2	3
ENDT 1363	Electroneurodiagnostic Tech Clinical I	0	18	3
		2	20	6
Third Semester (Summer)				
ENDT 2425	Electroneurodiagnostic Tech II	3	2	4
ENDT 2463	Electroneurodiagnostic Clinical II	0	24	3
ENDT 2210	Evoked Potentials	2	0	2
		5	26	9
Fourth Semester (Fall)				
ENDT 2561	Electroencephalography Clinical III	0	24	5
ENDT 2215	Nerve Conduction Studies	2	0	2
		2	24	7
Total Credits Required for A.T.C. Electroneurodiagnostics				31

**ALVIN COMMUNITY COLLEGE
ELECTRONEURODIAGNOSTICS - ATC
APPROXIMATE COST**

<u>Semester</u>	<u>In/Out of District Tuition*</u>	<u>Fees+</u>	<u>Textbooks</u>	<u>In/Out of District Total</u>
Fall	548.00/908.00	30.00	300.00	878.00/ 1238.00
Spring	413.00/653.00	30.00	200.00	643.00/ 883.00
Summer	527.00/887.00	45.00	150.00	722.00/ 1082.00
Fall	458.00/738.00	50.00	200.00	708.00/ <u>988.00</u>
<u>TOTAL</u> (Including prerequisite courses)				\$ 2951.00/4191.00

Additional Costs

Background Check	48.50
Drug Screen	39.00
Malpractice Insurance (\$17.00/yr)	34.00
Physical Exam (TB test, Hepatitis Vaccine)	100-200.00
Scrubs, Lab coat, etc.	95.00
Campus Parking Fee (\$20.00/yr)	40.00
TB Test (for second-year)	20.00
Diploma Fee	35.00
Graduation Cap and Gown	30.00
Various Seminars Throughout the Year	20.00-50.00/ea
Parking in Medical Center for Clinical (approx. total- \$12.00/day X 112 days)	1344.00

* Based on prescribed curriculum sequence and current tuition rate.

+ Fees: Includes lab fees for science and respiratory care courses.

THESE ARE APPROXIMATE COSTS AND ARE SUBJECT TO CHANGE WITHOUT NOTICE!

ABRET National Boards (American Board of Registry of Electroencephalography and Evoked Potential Technologists)

Written Exam	\$ 320.00
Oral Exam	<u>\$ 325.00</u>
	\$ 655.00

2-22-11

FOR OFFICE USE (DO NOT WRITE IN THIS SPACE)

App rec'd ____/____/____ Sat or Interview or
 Act ____ Info mtg ____/____/____ Accepted ____/____/____
 Pre-Req ____ GPA ____ TASP ____ yes Transcripts ____ yes Xfer or Return

3110 Mustang Road
 Alvin, Texas 77511-4898
 (281) 756-3634

**ALVIN COMMUNITY COLLEGE
 ADVANCED TECHNICAL CERTIFICATE
 ELECTRONEURODIAGNOSTICS
 APPLICATION FOR ADMISSION**

(Please print in ink or type)

Last Name _____ Social Security No. _____

First Name _____ Middle Name _____

Suffix (Jr., II, etc) _____ Other last names you have had _____

Mailing Address _____
 Street, PO Box, rural route, etc City State Zip

Permanent Address (If different) _____
 Street, PO Box, rural route, etc City State Zip

Home phone # (____) _____ - _____ Work phone # (____) _____ - _____

Mobile phone # (____) _____ - _____ Pager # (____) _____ - _____

County of residence _____ E-mail _____

Emergency Notification (spouse, parent, guardian, etc): _____

Address _____ Telephone # (____) _____ - _____
 Street City State Zip

Citizenship: U.S. Citizen Permanent Resident Alien International Student

PERMANENT RESIDENT ALIEN INFORMATION

Country of Citizenship _____ Resident Card Number _____

Are you currently enrolled in a college or university? YES NO

If yes, name of institution & city/state: _____

List all courses in which you are currently enrolled: _____

COLLEGES / UNIVERSITIES ATTENDED (Vocational, 2-year and/or 4-year)

School name/city/state Major & Degree earned Dates attended

CREDENTIALS / LICENSES

Type	Institution name	City	State	Dates attended

I certify that information given on this application is correct and complete. I understand that mis-representation or omission of information will make me ineligible for admission to, or continuation in, the Alvin Community College Electroneurodiagnostics Program.

 Legal signature of applicant Date

Alvin Community College is an equal-opportunity institution and does not discriminate against anyone on the basis of race, color, national origin, gender, age, disability, religion, or veteran status.

APPLICATION RECOMMENDATION FORM

Applicant: _____

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Electroneurodiagnostics Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

- 3. More than satisfactory
- 2. Satisfactory
- 1. Unsatisfactory
- NO Not observed, or no basis for judgment

ABILITIES/SKILLS	3	2	1	NO	
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to work/coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supers
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Additional information – Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths _____

Qualities that require further development. _____

Relationship to applicant Adviser
 Teacher
 Supervisor
 Other: Please indicate _____

How long have you know the applicant? _____

How well do you know applicant? _____

Do you Highly recommend

Recommend

Recommend with reservations

Not recommend

Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone Number: ____ (____) _____

Please return this evaluation form to:

Alvin Community College
Electroneurodiagnostics
3110 Mustang Road
Alvin, TX 77511-4898

APPLICATION RECOMMENDATION FORM

Applicant: _____

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Electroneurodiagnostics Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

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Strengths _____

Qualities that require further development. _____

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 Teacher
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 Other: Please indicate _____

How long have you know the applicant? _____

How well do you know applicant? _____

Do you Highly recommend

Recommend

Recommend with reservations

Not recommend

Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone Number: ____ (____) _____

Please return this evaluation form to:

Alvin Community College
Electroneurodiagnostics
3110 Mustang Road
Alvin, TX 77511-4898

Alvin Community College
Technical Standards
Electroneurodiagnostics

Electroneurodiagnostics Technology student must meet the following technical standards in order to successfully complete the program and function in the capacity of a technologist.

Use digital fine motor skills with both hands continually throughout the shift. Tasks include writing, measuring, connecting small pieces of equipment, assessing pulse and blood pressure, attaching equipment to patients.

- Help patients in and out of beds and chairs.
- Stand and walk to and from patient care areas throughout the shift.
- Push and pull heavy objects such as recliners, beds, wheelchairs and computers.
- See clearly enough to read hand-written and computer generated communication.
- Able to view small objects clearly on a computer screen continuously for extended time periods, i.e. six hours. See clearly enough to connect small pieces of equipment.
- Hear patient voices, equipment alarms, intercom sounds, and telephone rings and voices clearly enough to understand them.
- Interact appropriately, and communicate clearly with patients, physicians, peers, and supervisors.
- Function safely and effectively in stressful situations and seek assistance when needed.
- Apply safety and infection control standards required to maintain a safe and clean environment for patients, staff, and self.
- Maintain Proper dress code and personal hygiene required for close contact with patients and others.

Alvin Community College
ELECTRONEURODIAGNOSTICS
Policy for Criminal Background Screening

The purpose of this policy is to:

1. Comply with clinical affiliates who may require a student background check as a condition of their contract
2. Promote and protect patient/client safety

Conduct of Criminal Background Check

Background checks will be conducted as a condition of full acceptance into Electroneurodiagnostics program. The results will be accepted for the duration of the student's enrollment in the Electroneurodiagnostics program if the participating student has not had a break in enrollment at the college and if the student has had no disqualifying allegations or convictions while enrolled. Alvin Community College will designate the agency selected to do the criminal background screening. Results of the background check will be sent directly to the program director at each college. The student will pay the cost of the background directly to the agency. The student will sign a form indicating knowledge of this policy and their belief that they do not have any criminal history that would disqualify them from clinical rotations.

Unsatisfactory Results

A student with a significant criminal background screen will be ineligible to enroll in the Electroneurodiagnostics program. All criminal background information will be kept in confidential files by the investigating agency and the program director will have access to these files. A student who is convicted of a criminal offense while enrolled in the program must report the offense to the program director within three days of the conviction.

Student Rights

Students sign a release form that gives the program director the right to receive their criminal background information from the agency. If the student believes his or her background information is incorrect, the student is responsible for providing the evidence of the inaccuracy of the information to the investigating agency. The student will not be able to enroll in the Electroneurodiagnostics program until the question is resolved. The inability to participate in a clinical experience could prevent a student from meeting course objectives and result in failure of the course.

**ALVIN COMMUNITY COLLEGE
HEALTH PROGRAMS
Effective Date 7/5/05**

Electroneurodiagnostics

POLICY FOR DRUG SCREENING

PURPOSE

- Promote And Protect Patient/Client Safety
- Comply With Clinical Affiliates Drug Screen Requirements
- Detect Illegal Drug Use

DEFINITION

Non-Negative Drug Screen: A non-negative drug screen means a medically acceptable drug test, approved by Alvin Community College, the results of which indicates the use of illegal drugs.

Illegal Drugs: Illegal drugs include those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug also includes those drugs taken by an individual which **exceed the prescribed limits of a lawful prescription or the taking of a prescription drug prescribed for another person.**

DRUG SCREENING PROCEDURE

Drug screening is conducted on all student applicants prior to acceptance into the program and a non-negative drug screen will bar admission to the program for a minimum of 12 months. The results of the drug screen are generally accepted for the duration of the student's **uninterrupted** enrollment in the program unless allegations are made to support reasonable cause that the student is not free of illegal drug use; with reasonable cause the student may be required to submit to further drug screening at his/her own expense. Alvin Community College will be responsible for designating and approving the drug screening procedures. The student must complete drug screening at the scheduled time. An unscheduled drug screen will result in an additional expense to the student and conducted at a time and place designated by the college. The student must pre-pay for the drug screen as directed by the Program. The student is required to complete a release directing the company/agency conducting the drug screen test to send the results directly to the Program Director.

The results reported by the company/agency conducting the drug screen is final unless the student with a non-negative drug screen, **within 10 days of learning of the non-negative drug screen**, requests review of the results from the company/agency who originally administered the drug screen. Once the company/agency reports their review finding, the results are final and not appealable.

POLICY

When the college determines that a student has a non-negative drug screen, the student is not allowed to attend any clinical agency/rotation for a minimum of twelve months and may affect his/her re-admission to the program. The student with the non-negative drug screen is required to withdraw from the clinical course and all concurrent health, nursing or allied health programs. Prior to returning to the program, the student must re-apply and be accepted to the program (including re-testing), have a negative drug screen, and provide satisfactory documentation to the college of successful drug counseling and treatment, all at the expense of the student. When a student with a non-negative drug screen is accepted back into the program he/she will be subjected to unannounced random drug screening at their expense.

**ALVIN COMMUNITY COLLEGE
ELECTRONEURODIAGNOSTICS**

CONSENT FOR RELEASE OF INFORMATION

(Initial) My signature below indicates that I have read the policy on criminal background screening for the Electroneurodiagnostics program. This form provides my consent for the results of criminal background checks to be released to the Alvin Community College program director. I certify that I do not have any criminal history that would disqualify me from a clinical rotation or prevent me from obtaining Electroneurodiagnostics licensure.

DRUG SCREEN

(Initial) My signature below certifies that I have read, understand and agree to accept the Alvin Community College Health Program's "Policy for Drug Screening". Effective Date of Policy 7/5/05.

**TECHNICAL STANDARDS - ACKNOWLEDGEMENT
PHYSICAL REQUIREMENTS/WORKING CONDITIONS**

(Initial) I acknowledge receipt of the form "Technical Standards for Electroneurodiagnostics" outlining the physical requirements of the training program and the duties of the Electroneurodiagnostic Program at Alvin Community College.

By my signature below, I confirm my physical ability to fulfill the responsibilities of the program and any positions which I may be offered following graduation with or without reasonable accommodation.

Prospective Student's Name (Print): _____

Prospective Student's Signature: _____

Date: _____