ALVIN COMMUNITY COLLEGE

Intraoperative Neurophysiologic Monitoring

Certificate Program Information
And
Application
Dear Intraoperative Neurophysiologic Monitoring Applicant:

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

The most common Intraoperative Neurophysiologic Monitoring procedures include:

- Evoked Potential (EP) – an electrical response of the nervous system to specific stimuli used to assess function visual, auditory and somatosensory nerve pathways
- Free-run and triggered Electromyography (EMG) – a recording of electrical activity arising from different muscle groups
- Nerve Conduction Studies (NCS) – a recording of electrical potentials from the peripheral nerves
- Electroencephalogram (EEG) – a recording of the electrical activity of the brain on a computer that utilizes specialized software

By recording electrical patterns throughout these systems, IONM technologists provide valuable data that a surgeon will use to surgically correct conditions such as scoliosis, brain tumors, seizure disorders, and spinal disc disease.

The IONM technologist works with patients of all ages in the surgical setting of hospitals.

Qualified IONM technologists are in demand. According to the American Society of Electroneurodiagnostic Technologists (ASET) salary report, average salary for a Certified Neurophysiologic Monitoring (CNIM) technologists working full-time is $73,000.

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

Sincerely,

Stacy Pedigo, R.EEG/EP T, CNIM
Program Director
Intraoperative Neurophysiologic Monitoring Certificate

Intraoperative Neurophysiologic Monitoring Program

Degree: Certificate
Length: Three (3) semesters
Purpose: Intraoperative Neurophysiologic Monitoring (IONM) is an allied health specialty for recording electrical activity arising from the brain, spinal cord, peripheral nerves, somatosensory or motor nerve systems during various surgeries using a variety of techniques and instruments.

The IONM technologist works with patients of all ages in the surgical setting of hospitals.

Admission Requirements:
To be considered for admission to the Intraoperative Neurophysiologic Monitoring (IONM) program, the applicant must:

a. Make application to Alvin Community College and fulfill the admission requirements.
b. Make application to the Intraoperative Neurophysiologic Monitoring (IONM) program by April 15th.
c. Hold a registry in Electroencephalography (EEG) or Evoked Potentials (EP) or a Bachelor’s Degree.
d. Submit official transcripts from where above degree was granted.
e. Submit appropriate registry 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 Intraoperative Neurophysiologic Monitoring (IONM) Program.
j. Have completed BIOL 2401 with a grade no lower than a “C” prior to admission and must be completed within 5 years.
Intraoperative Neurophysiologic Monitoring Program

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Lecture Hrs.</th>
<th>Lab Hrs.</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>BIOL 2401 Anatomy &amp; Physiology</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>First Semester (Summer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IONM 1570</td>
<td>Intro to IONM Topics</td>
<td>3</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>PSGT 1310</td>
<td>Neuroanatomy &amp; Physiology</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ENDT 1345</td>
<td>Applied Electronics &amp; Instrumentation</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Second Semester (Fall)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IONM 1270</td>
<td>Modalities for Spine Surgery</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>IONM 1572</td>
<td>IOM Clinical I</td>
<td>0</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>ENDT 2210</td>
<td>Evoked Potentials</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>ENDT 1350</td>
<td>Electroencephalography</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Third Semester (Spring)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IONM 2570</td>
<td>IONM Clinical II</td>
<td>0</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>IONM 2270</td>
<td>Modalities in Specialty Procedures</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>ENDT 2215</td>
<td>Nerve Conduction Studies</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>24</td>
<td>9</td>
</tr>
</tbody>
</table>

Total Credits Required for Certificate ................................................................. 36
## ALVIN COMMUNITY COLLEGE
INTRAOPERATIVE NEUROPHYSIOLOGIC MONITORING PROGRAM
APPROXIMATE COST

<table>
<thead>
<tr>
<th>Semester</th>
<th>In/Out of District</th>
<th>Fees+</th>
<th>Textbooks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>462.00/924.00</td>
<td>267.00</td>
<td>200.00</td>
<td>929.00/1391.00</td>
</tr>
<tr>
<td>Fall</td>
<td>504.00/1008.00</td>
<td>252.00</td>
<td>200.00</td>
<td>846.00/1224.00</td>
</tr>
<tr>
<td>Spring</td>
<td>378.00/756.00</td>
<td>197.00</td>
<td>200.00</td>
<td>775.00/1153.00</td>
</tr>
</tbody>
</table>

**TOTAL** (Including prerequisite course) $2890.00/4276.00

### Additional Costs
- Background Check 48.50
- Drug Screen 39.00
- Malpractice Insurance ($17.00/yr) 17.00
- Physical Exam (TB test, Hepatitis Vaccine) 100-200.00
- Scrubs, Lab coat, etc. 95.00
- Campus Parking Fee ($20.00/yr) 20.00
- Parking in Medical Center for Clinical (approx. total- $12.00/day X 112 days) 1080.00

* Based on prescribed curriculum sequence and current tuition rate.
+ Fees: Includes lab fees for science 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 (Neurodiagnostic credential route) $420.00
- Written Exam (Bachelor’s degree route) $710.00

2-14-12
## Application for Admission

### Personal Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td>Suffix (Jr., II, etc)</td>
<td>Other last names you have had</td>
</tr>
</tbody>
</table>

**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 #**
- (______)___________ - _______________________

**Paging or E-mail**
- Pager #
- (______)___________ - _______________________

**Emergency Notification**
- Spouse, parent, guardian, etc:
- Address
- Telephone #
- (______)___________ - _______________________

**Citizenship**
- U.S. Citizen
- Permanent Resident Alien
- International Student

### Permanent Resident Alien Information

<table>
<thead>
<tr>
<th>Country of Citizenship</th>
<th>Resident Card Number</th>
</tr>
</thead>
</table>

**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

<table>
<thead>
<tr>
<th>School name/city/state</th>
<th>Major &amp; Degree earned</th>
<th>Dates attended</th>
</tr>
</thead>
</table>

### Credentialed/Certified

<table>
<thead>
<tr>
<th>Type</th>
<th>Institution name</th>
<th>City</th>
<th>State</th>
<th>Dates attended</th>
</tr>
</thead>
</table>

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

**Legal signature of applicant**

---

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.

Revised March 6, 2012
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 Intraoperative Neurophysiologic Monitoring 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

<table>
<thead>
<tr>
<th>ABILITIES/SKILLS</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication-Verbal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Dexterity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peers/coworkers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge/Application</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision Making</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Accountable for one’s actions
Has the capacity to direct the activities of others
Motivated to pursue actions independently
Capable of responding or conforming to changing or new situation
Arranges by systematic planning for optimal efficiency
Assured in one’s abilities & skills
Completes tasks with minimal supervision
Contributes knowledge & opinions in an articulate manner
Expresses self clearly in writing
Maintains composure/able to function
Positive approach to work/coworkers
Ability to perform psychomotor skill
Ability to get along with peers and coworker
Ability to get along/teachers/supers
Demos common sense, tact, empathy to patient
Ability to apply theory to practice
Ability to analyze problem/formulate solution
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. ____________________________________

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.

W:\OM\New Student Application\Information and application package (IONM)2-14-12.doc
March 6, 2012

Revised
Relationship to applicant

- Adviser
- Teacher
- Supervisor
- Other: Please indicate ________________________

How long have you known 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
Intraoperative Neurophysiologic Monitoring
3110 Mustang Road
Alvin, TX 77511-4898
Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Intraoperative Neurophysiologic Monitoring Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

1. Unsatisfactory
2. Satisfactory
3. More than satisfactory

NO Not observed, or no basis for judgment

<table>
<thead>
<tr>
<th>ABILITIES/SKILLS</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication-Verbal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Dexterity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peers/coworkers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge/Application</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision Making</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Accountable for one’s actions
Has the capacity to direct the activities of others
Motivated to pursue actions independently
Capable of responding or conforming to changing or new situation
Arranges by systematic planning for optimal efficiency
Assured in one’s abilities & skills
Completes tasks with minimal supervision
Contributes knowledge & opinions in an articulate manner
Expresses self clearly in writing
Maintains composure/able to function
Positive approach to work/coworkers
Ability to perform psychomotor skill
Ability to get along with peers and coworker
Ability to get along/teachers/supers
Demos common sense, tact, empathy to patient
Ability to apply theory to practice
Ability to analyze problem/formulate solution
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
Intraoperative Neurophysiologic Monitoring
3110 Mustang Road
Alvin, TX 77511-4898
Intraoperative Neurophysiologic Monitoring program 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.

- Stand and walk to and from patient care areas throughout the shift.
- Push and pull heavy objects such as beds 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 safety 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  
Intraoperative Neurophysiologic Monitoring  
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 Intraoperative Neurophysiologic Monitoring program. The results will be accepted for the duration of the student’s enrollment in the Intraoperative Neurophysiologic Monitoring 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 Intraoperative Neurophysiologic Monitoring 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 Intraoperative Neurophysiologic Monitoring 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.
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
Intraoperative Neurophysiologic Monitoring
CONSENT FOR RELEASE OF INFORMATION

My signature below indicates that I have read the policy on criminal background screening for the Intraoperative Neurophysiologic Monitoring 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 Intraoperative Neurophysiologic Monitoring certification.

DRUG SCREEN

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

I acknowledge receipt of the form “Technical Standards for Intraoperative Neurophysiologic Monitoring” outlining the physical requirements of the training program and the duties of the Intraoperative Neurophysiologic Monitoring 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: ________________________________