

**ALVIN COMMUNITY  
COLLEGE  
POLYSOMNOGRAPHY  
PROGRAM**

**APPLICATION  
AND  
INFORMATION PACKET**

Associate Degree



Revision Date 1/14/2011



Dear Polysomnography Applicant:

Thank you for your interest in our Associate Degree in Polysomnography. This program starts each Spring semester.

The American Academy of Sleep Medicine estimates as many as 40 million Americans are affected by at least one of the more than 80 documented sleep disorders, including sleep apnea, insomnia, narcolepsy and various disrupted behaviors in sleep. The impact on our society includes significant loss of work productivity, increasing number of auto accidents, and escalating cost of medical care. The monetary loss exceeds billions of dollars each year.

The key to proper diagnosis and treatment intervention requires an overnight evaluation of multiple physiological parameters. The gold standard of evaluation for many of these sleep disorders is an attended overnight evaluation of sleep, (polysomnography). This study includes the recording of multiple physiological parameters including brain activity, respiration, heart rhythm, oxygen saturation, muscle tone, eye movement, and body movement. The PSG technologist must have an understanding of the complex relationship of sleep and various physiological parameters as well as the knowledge of the sophisticated instrumentation and the care of the patient.

The number of credentialed Polysomnographic (PSG) Technologists has grown from eight (8) in 1979 to over 15,680 today. PSG Technologists are achieving registry at a very rapid rate. This growing profession is now recognized as a separate and distinct health care profession. Even at this rapid rate of PSG registry there are still many technicians trained-on-the-job who lack the necessary knowledge, skills and abilities to properly perform sleep studies and obtain registry. Frequently, Sleep Centers see patients for second opinions and re-testing after poor studies and poor diagnosis. The consequences the patients and insurance companies incur are additional expenses as repeat studies are required to rectify the patient's continuing complaints.

Enclosed is information that describes the program, and provides a listing of prerequisite courses and admission requirements. Application for admission to the program should be made through the program office for admission. Deadline for application is November 15. Please contact me if you have any questions.

Sincerely,

Georgette Goodwill RPSGT, R.EEG.T  
Director, Polysomnography Program

/lk

# **Alvin Community College**

## **Technical Standards**

### **Polysomnography**

Polysomnographic Technologists are required to work overnight shifts, and as students of the polysomnography program, you will be required to attend clinical rotations during the overnight hours. Careful consideration of your ability and willingness to work the night shift is recommended before beginning this program.

In addition to attending ten to twelve hour overnight shifts, polysomnographic technology students 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.

## Polysomnography Degree Program

281-756-5655

Degree: Associate in Applied Science (AAS) - Tech Prep

Purpose: Polysomnographic (PSG) Technology is an allied health specialty for the diagnosis and treatment of disorders of sleep and daytime alertness. The range of the sleep disorders is varied but includes common disorders such as narcolepsy, sleep apnea, insomnias, and many others. PSG technologists operate a variety of sophisticated electronic monitoring devices, which record brain activity (EEG), muscle and eye movement, respiration, blood oxygen and other physiological events. Technologists are also involved in evaluation of various treatment methods.

PSG technologists are employed in Sleep Disorders Centers, which can be located in medical centers, hospitals, or clinic/office settings. PSG program offers a degree that includes lectures, laboratory experience on campus, clinical experience at accredited sleep centers, and physician lectures. A major emphasis of the program is to prepare technologists for Board Registration by the Board of Registered Polysomnographic Technologists (BRPT). The program is fully accredited by the Committee on Accreditation for Polysomnographic Technologists Education (CoA-PSG), One Westbrook Corporate Center, Suite 920, Westchester, IL 60154, and the Commission on Accreditation of Allied Health Education Programs (CAAHEP), 35 E. Wacker Dr., Suite 1970, Chicago, IL 60601-2208, [www.caahep.org](http://www.caahep.org).

### Admission Requirements

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

- a. Make application to Alvin Community College and fulfill the admission requirements.
- b. Make application to the Polysomnography program by November 15th.
- c. Submit official transcripts from other colleges attended with application.
- d. Score a composite of 19 or higher on the ACT, or combined math/verbal of 900 or higher on the SAT (tests must be within 5 years of time of application) and complete the following re-requisites: ENGL 1301, BIOL 2401, MATH 1314 or MATH 1333, HITT 1305, HPRS 1304.
- e. Complete physical examination and immunization upon acceptance.
- f. Not currently be on suspension or academic probation.
- g. Current CPR certification - AHA Health Care Provider (will be taught in HPRS 1304).
- h. Background checks and drug screens are conducted as a condition of full acceptance into the Polysomnography Program.

### Progression Policy

1. The Polysomnography students will abide by the admission and curriculum requirements of the Polysomnography Department at the time they are admitted or re-admitted to the program.
2. Once a student has enrolled in the Polysomnography Program, all Polysomnography courses must be completed in the proper sequence as shown in the catalog and degree plan, or must have the approval of the Program Director.
3. No grade below a C in a Polysomnography or academic course will be acceptable.
4. A student will be terminated from the program if clinical performance is unsatisfactory as determined by the Clinical Instructor and the Program Director. This action may be taken at any time during the semester or at the end of the semester.
5. In the event a student is asked to leave a clinical affiliate, and not return, the student may not continue progressive courses utilizing that facility. If the clinical affiliate is utilized in future courses, the student will be terminated from the program.
6. Only two (2) attempts in any science/math or any Polysomnography course will be permitted. An attempt is defined as a course in which a grade of D or F is recorded on the transcript.
7. A student requiring hospitalization, or sustaining an injury will be required to obtain a written statement from his/her physician verifying that the health status of the student is adequate for performance in the clinical agency. A student may not be allowed to return to the clinical area if he/she must be on medications which may interfere with his/her ability to perform satisfactorily.
8. A student who is pregnant must present a physician's statement giving evidence of her ability to perform the required work.
9. Students must complete the program within four (4) years after initial acceptance.

### Advanced Standing

1. Advanced standing applies to those Polysomnography personnel who have work experience and have not completed the associate degree program.
2. Polysomnography professional with at least two (2) years full-time experience in the field will have the opportunity to challenge polysomnography courses.
3. These courses must be challenged in sequence unless permission is otherwise granted.

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.

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## Associate in Applied Science Polysomnography Degree Program

Course Number	Course Title	Lecture Hrs.	Lab Hrs.	Credits
<b>Pre-requisite Courses</b>				
ENGL 1301	Composition & Rhetoric I	3	0	3
BIOL 2401	Anatomy & Physiology I	3	3	4
MATH 1314 OR	College Algebra OR			
MATH 1333	Contemporary Math for Tech	3	0	3
HITT 1305	Medical Terminology	3	0	3
HPRS 1304	Basic Patient Care Skills	2	2	3
		<b>14</b>	<b>5</b>	<b>16</b>
<b>FIRST YEAR</b>				
<b>First Semester(Spring)</b>				
BIOL 2402	Anatomy & Physiology II	3	3	4
PSGT 1400	Polysomnography I	2	5	4
PSGT 1440	Sleep Disorders	3	2	4
PSGT 1310	Neuroanatomy & Physiology	3	0	3
PSGT 1205	Neurophysiology of Sleep	2	0	2
		<b>13</b>	<b>10</b>	<b>17</b>
<b>Second Semester(Summer)</b>				
RSPT 1310	Respiratory Care Procedures	2	2	3
PSGT 1260	Polysomnography Clinical I	0	12	2
PSGT 2205	Sleep Scoring and Staging	0	4	2
		<b>2</b>	<b>18</b>	<b>7</b>
<b>Third Semester(Fall)</b>				
RSPT 2239	Advanced Cardiac Life Support	1	4	2
PSGT 2411	Polysomnography II	2	5	4
PSGT 2660	Polysomnography Clinical II	0	28	6
PSYC 2314	Life-Span Growth & Development	3	0	3
		<b>6</b>	<b>37</b>	<b>15</b>
<b>Fourth Semester (Spring)</b>				
PSGT 1291	Special Topics	2	0	2
PSGT 2250	Infant and Pediatric Polysomnography	2	0	2
PSGT 2661	Polysomnography Clinical III	0	28	6
Elective	Visual and Performing Arts/ Humanities Core	3	0	3
		<b>7</b>	<b>28</b>	<b>13</b>
<b>Total Credits Required for A.A.S. Polysomnography</b>				<b>68</b>

**ALVIN COMMUNITY COLLEGE  
POLYSOMNOGRAPHY  
APPROXIMATE COST  
Prepared Fall 2010**

<u>Semester</u>	<u>In/Out of District Tuition*</u>	<u>Fees+</u>	<u>Textbooks</u>	<u>In/Out of District Total</u>
Prerequisite Courses	\$904.00/1,576.00	\$90.00	\$560.00	\$1554.00/2226.00
Spring (17hrs)	951.00/1665.00	100.00	270.00	1321.00/2035.00
Summer (7hrs)	481.00/775.00	100.00	75.00	656.00/950.00
Fall (15hrs)	857.00/1487.00	90.00	50.00	999.90/1539.90
Spring (13hrs)	763.00/1,309.00	100.00	75.00	938.00/1484.00
<b>Total</b> (Including pre-req courses)				5468.90/8234.90
<b>Total Program Cost</b> (including Additional Costs)				<b>6500.40/9265.90</b>

\*Based on prescribed curriculum sequence and current tuition rate

+Fees: Includes lab fees for science and Polysomnography courses

<u>Additional Costs</u>	
Background Check	\$48.50
Drug Screen	39.00
Malpractice Insurance (\$17.00/yr)	34.00
Physical Exam (TB test, Hepatitis Vaccine, MMR, Varicella, TDAP)	100 – 200.00
Scrubs, Lab coat, Etc	95.00
TB Test (for second year)	35.00
Diploma Fee	30.00
Graduation Cap and Gown	20.00 – 50.00/ea
Parking in Medical Center for Clinicals	200.00
Exit Exam Fee	300.00
<b>Total</b>	<b>1031.50</b>

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

**RPSGT National Boards** (Registered Polysomnographic Technologist)

Written Exam      450.00

**ACT TESTS AT ALVIN COMMUNITY COLLEGE  
(Note SAT not given at Alvin Community College)**

May 4, 2011	Residual	<i>It is highly recommended that applicants take the "National" ACT or the SAT.</i>
June 8, 2011	Residual	
<b>June 11, 2011</b>	<b>National</b>	<i>Both "Residual" and "National" tests have the same content; they differ in transferability to other colleges. Test scores come back in 2-4 weeks, and the National test scores can be transferred to other colleges.</i>
July 6	Residual	
August 3	Residual	
September 14	Residual	
September 21	Residual	
October 5	Residual	
<b>October 22</b>	<b>National</b>	
November 2	Residual	
November 16	Residual	
November 30	Residual	
<b>December 10</b>	<b>National</b>	<b><u>Test dates and times are subject to change. Contact the Testing Center at 281-756-3526 for more information.</u></b>
<b>February 11, 2012</b>	<b>National</b>	
<b>April 14, 2012</b>	<b>National</b>	
<b>June 9, 2012</b>	<b>National</b>	

To register for ACT testing at ACC, please visit our website at <https://app.alvincollege.edu/testing>.

The Continuing Education Department at ACC offers ACT Prep Classes. Please call 281-756-3787 for details.

If you have learning or test-taking disabilities, ask to discuss testing accommodations at the time you sign up for the ACT test. Information on test dates, testing centers, sample tests, and study materials are available at [www.act.org](http://www.act.org).

**Retest Restriction** – If a student tested previously via Residual or any other non-national testing, the retest should be taken on a national test date. If this is not possible, a **minimum of 60 days** must elapse before another Residual test may be taken. **If the 60-day time limit is violated, the retest scores will be cancelled automatically.** No refund will be made for such cancelled retests.

2011 Test Dates. To register visit the SAT website at [www.collegeboard.com](http://www.collegeboard.com).

U.S. Registration Deadlines		
2011 Test Dates	Test	Regular Registration Deadline (postmark/submit by)
March 10, 2012	SAT	February 10, 2012

FOR OFFICE USE (DO NOT WRITE IN THIS SPACE)

App rc'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Sat or Interview or  
 Act \_\_\_\_ Info mtg \_\_\_\_/\_\_\_\_/\_\_\_\_ Accepted \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Pre-Req HS/GED \_\_\_\_/\_\_\_\_/\_\_\_\_ GPA \_\_\_\_ TASP \_\_\_\_ yes Transcripts \_\_\_\_ yes Xfer or Return

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

**ALVIN COMMUNITY COLLEGE  
 ASSOCIATE DEGREE  
 POLYSOMNOGRAPHY  
 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**

Do you have any of the following degrees:  Associate Degree Nursing  Respiratory Care  Eletroneurodiagnostic  National Registry Paramedic

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 Polysomnography Program. If applying on line, signature will be obtained at the information meeting.

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.



## Letter of Reference

Applicant: \_\_\_\_\_

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Polysomnography 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. \_\_\_\_\_

**Page 2 Letter of Reference**

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  
Polysomnography  
3110 Mustang Road  
Alvin, TX 77511-4898

**ALVIN COMMUNITY COLLEGE  
POLYSOMNOGRAPHY PROGRAM**

**OBSERVATION FORM**

Student Name: \_\_\_\_\_

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

*Dear Prospective Student:*

Please use this form to schedule and document your observation. An observation is required for admittance to the Polysomnography Program. Please call 281-756-5655 and schedule a time. You will visit our PSGT Department and observe our students perform a Polysomnograph. You may be asked to participate as a volunteer patient.

Student visited on: \_\_\_\_\_

Instructor's name \_\_\_\_\_

**ALVIN COMMUNITY COLLEGE  
POLYSOMNOGRAPHY**

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**CONSENT FOR RELEASE OF INFORMATION**

\_\_\_\_\_  
(Initial) My signature below indicates that I have read the policy on criminal background screening for the polysomnography 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 polysomnography 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 Polysomnography" outlining the physical requirements of the training program and the duties of the Polysomnography 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: \_\_\_\_\_

# Alvin Community College

## POLYSOMNOGRAPHY

### 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 Polysomnography program. The results will be accepted for the duration of the student's enrollment in the Polysomnography 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 polysomnography 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 polysomnography 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.

#### Background Check Information for BRPT

Students, upon graduation, will be qualified to make application to the Board of Registered Polysomnographic Technologists (BRPT). The BRPT application includes background history check and may deny an application based on the commission of certain serious offences. Please visit [www.brpt.org](http://www.brpt.org) and check eligibility criteria.

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

**Polysomnography**

**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.

## CHECK OFF LIST FOR PSGT PROGRAM ADMISSION

Thank you.

<b>Attached</b>	
	<b>Return with the application:</b>
	<b>1. Completed Application</b>
	<b>2. Completed Personal Statement Form</b>
	<b>3. 2 Letters of Reference</b>
	<b>4. Completed Observation Form</b>
	<b>5. Completed Consent for Release of Information</b>
	<b>Provide Alvin Community College</b>
	<b>1. ACT/SAT Scores (taken within 5 years of application – for AAS Program only)</b>
	<b>2. Official College Transcripts</b>
	<b>Pre-requisites</b>
	<b>1. English 1301</b>
	<b>2. Anatomy &amp; Physiology I</b>
	<b>3. College Algebra (MATH 1314) OR Contemporary Math for Tech (MATH 1333)</b>
	<b>4. HITT 1305 Medical Terminology</b>
	<b>5. HPRS 1304 Basic Patient Care Skills</b>
	<b>Immunization and Vaccine Records: see attached</b>

**Upon acceptance into the program you will be sent information on how to obtain your criminal background check, and drug screen.**

**To enter the Polysomnography Program at Alvin Community College the following immunizations/test are required.**

**(Required by State Law/Clinical Facilities)**

**Hepatitis B Vaccine:** Proof of completion of the hepatitis B vaccination series or serologic confirmation of immunity to hepatitis B is required as a condition of full acceptance to the program.

This is a series of 3 shots and can take up to 6 months to complete. We must see documentation of all the shots before student may attend the clinical rotation.

**Tuberculin Test (PPD):** REQUIRED ANNUALLY

Should be done close to the time you begin the program to last throughout the academic year. Chest k-ray is acceptable if history of positive TB tests. Quantiferon test is acceptable.

**Varicella (Chicken Pox):** Vaccination with two doses of Varicella vaccine administered 408 seeks apart or serologic test positive for Varicella antibody or documented history or diagnosis of Varicella. If you had Varicella as a child you will only need to provide a signed statement with month/year.

**MMR (measles mumps and rubella):** Born in or after 1957, 2 does are required, if born before 1957, once dose is required.

**OR**

**Measles (Rubeola)** - Those born on or after January 1, 1957, must show proof of either:

1. Two doses of measles vaccine on or after their first birthday and at least 30 days apart OR
2. Serologic test positive for measles antibody (Attach laboratory proof of measles immunity)

**Mumps** - Those born on or after January 1, 1957, must show proof of either:

1. One dose of mumps vaccine on or after their first birthday\* OR
2. Serologic test positive for mumps antibody (Attach laboratory proof of mumps immunity)

**Rubella** –Those born on or after January 1, 1957, must show proof of either:

1. One dose of rubella vaccine on or after their first birthday OR
- Serologic test for rubella antibody (Attach laboratory proof of rubella immunity)

**Diphtheria, Tetanus, Pertussis (TDP):** Proof of your last booster from within the past 10 years

**Seasonal Flu:** A seasonal flu vaccine is required annually for continued clinical participation

## PLEASE NOTE:

All 3 HEP B series of shots must be completed 2 weeks prior to the start of the Clinical I.

It takes 6 months to complete the series of shots unless you chose the accelerated schedule for the TWINRIX series.