ALVIN COMMUNITY COLLEGE

Neurodiagnostics

Program Information And Application

Associate of Applied Science
Revised 12/10/2014
Dear Neurodiagnostics Applicant:

A Neurodiagnostics Technologist 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 Neurodiagnostic procedures include:

- Electroencephalogram (EEG) – a recording of the electrical activity of the brain on a computer that utilizes specialized software
- Intraoperative Neuromonitoring (IOM) – 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, Neurodiagnostic 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 Neurodiagnostic 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 Neurodiagnostic technologists are in demand. According to the American Society of Neurodiagnostic Technologists (ASET, 2011) salary report, average salary for technologists working full-time is $65,226 with reported incomes over $100,000 yearly. 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,

Angelia Klaproth, R.EEG T.
Program Director
Neurodiagnostics Technology (NDT)  
Associate in Applied Science

Neurodiagnostics Degree Program

Degree:  Associate in Applied Science (AAS)  
Length:  Two Year Program  
Purpose:  Neurodiagnostics Technology (NDT) 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 Neurodiagnostics 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 Neurodiagnostics program, the applicant must:
  a. Make application to Alvin Community College and fulfill the admission requirements.
  b. Make application to the Neurodiagnostics program by July 15th.
  c. Submit official transcripts from other colleges attended with application.
  d. No grade lower than a “C” in any of the prerequisite math/science course.
  e. Complete physical examination and immunization upon acceptance.
  f. Not currently be on suspension or academic probation.
  g. Background check and drug screen are conducted as a condition of full acceptance into the Neurodiagnostics Program.

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

## Associate in Applied Science Neurodiagnostics (NDT) Curriculum

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Lecture Hrs.</th>
<th>Lab Hrs.</th>
<th>Clinical Hrs.</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Pre-requisite Courses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGL 1301</td>
<td>Composition &amp; Rhetoric</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2401</td>
<td>Anatomy &amp; Physiology I</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>MATH 1314</td>
<td>College Algebra or Math Core</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2402</td>
<td>Anatomy &amp; Physiology II</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td><strong>First Year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>First Semester (Fall)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPRS 1304</td>
<td>Basic Patient Care Skill</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 2314</td>
<td>Life Span Growth and Development</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ENDT 1350</td>
<td>Electroencephalography</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ENDT 1345</td>
<td>Applied Electronics and Instrumentation</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Second Semester (Spring)</strong></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>SPCH 1318</td>
<td>Interpersonal Communications</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>PSGT 1310</td>
<td>Neuroanatomy &amp; Physiology</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ENDT 2320</td>
<td>Neurodiagnostic Tech I</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ENDT 1463</td>
<td>Neurodiagnostic Tech Clinical I</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Elective</td>
<td>Humanities/visual Arts Elective</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Third Semester (Summer)</strong></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>ENDT 2425</td>
<td>Neurodiagnostic Tech II</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>ENDT 2463</td>
<td>Neurodiagnostic Clinical II</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>ENDT 2215</td>
<td>Nerve Conduction Studies</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Fourth Semester (Fall)</strong></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>ENDT 2661</td>
<td>Electroencephalography Clinical III</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>ENDT 2210</td>
<td>Evoked Potentials</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits Required for A.A.S. Neurodiagnostics</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
### ALVIN COMMUNITY COLLEGE
### NEURODIAGNOSTICS -- AAS
### APPROXIMATE COST

<table>
<thead>
<tr>
<th>Semester</th>
<th>In/Out of District Tuition*</th>
<th>Fees +</th>
<th>Textbooks</th>
<th>In/Out of District Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisite Course</td>
<td>$672.00 / $1344.00</td>
<td>$262.00</td>
<td>$560.00</td>
<td>$1464.00 / $2136.00</td>
</tr>
<tr>
<td>Fall</td>
<td>546.00 / 1092.00</td>
<td>217.00</td>
<td>300.00</td>
<td>1063.00 / 1609.00</td>
</tr>
<tr>
<td>Spring</td>
<td>672.00 / 1344.00</td>
<td>232.00</td>
<td>300.00</td>
<td>1204.00 / 1876.00</td>
</tr>
<tr>
<td>Summer</td>
<td>378.00 / 756.00</td>
<td>197.00</td>
<td>200.00</td>
<td>681.00 / 975.00</td>
</tr>
<tr>
<td>Fall</td>
<td>294.00 / 588.00</td>
<td>187.00</td>
<td>200.00</td>
<td>681.00 / 975.00</td>
</tr>
</tbody>
</table>

**Total =** (Including prerequisite courses) $5187.00 / 7749.00

### Additional Cost

- 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 rates.
+ 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)

- EEG Part I: $350.00
- EEG Part II: $350.00
- Total: $700.00
# New Applicant Information

**Information and application package (AAS) 2014.doc**

Revised December 10, 2014

---

**ALVIN COMMUNITY COLLEGE**

**ASSOCIATE IN APPLIED SCIENCE**

**NEURODIAGNOSTICS**

**APPLICATION FOR ADMISSION**

(Please print in ink or type)

<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**

<table>
<thead>
<tr>
<th>Street, PO Box, rural route, etc</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Permanent Address (If different)**

<table>
<thead>
<tr>
<th>Street, PO Box, rural route, etc</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Home phone #**

(______)___________ - ______________________

**Work phone #**

(______)___________ - ______________________

**Mobile phone #**

(______)___________ - ______________________

**Pager #**

(______)___________ - ______________________

**County of residence**

________

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

________

**Address**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**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)

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

---

**CREDENTIALS / LICENSES**

________

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

---

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 Neurodiagnostics 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.

W:\New Applicant Information\Information and application package (AAS) 2014.doc

Revised December 10, 2014
APPLICATION RECOMMENDATION FORM

Please return this evaluation form to:

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

Name of Applicant: _______________________________________________________

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Neurodiagnostics 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
0. Not observed, or no basis for judgment

<table>
<thead>
<tr>
<th>ABILITIES/SKILLS</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</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 Peers/co-workers</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

Relationship to applicant: Adviser _____ Teacher _____ Supervisor _____ Other (please note): ______________

How long have you know the applicant? ______________ How well do you know applicant? ______________

Do you? _____ Highly recommend _____ Recommend _____ Recommend with reservations _____ Not recommend

Name: _____________________________________ Title: _____________________________

Institution: ___________________________________ Phone: _______________________

Address: ________________________________________________________________
APPLICATION RECOMMENDATION FORM

Please return this evaluation form to:

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

Name of Applicant: _______________________________________________________

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

4. More than satisfactory
3. Satisfactory
2. Unsatisfactory
0. Not observed, or no basis for judgment

<table>
<thead>
<tr>
<th>ABILITIES/SKILLS</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td>Accountable for one’s actions</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td>Has the capacity to direct the activities of others</td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td>Motivated to pursue actions independently</td>
</tr>
<tr>
<td>Flexibility</td>
<td></td>
<td></td>
<td></td>
<td>Capable of responding or conforming to changing or new situation</td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td></td>
<td></td>
<td>Arranges by systematic planning for optimal efficiency</td>
</tr>
<tr>
<td>Self-confidence</td>
<td></td>
<td></td>
<td></td>
<td>Assured in one’s abilities &amp; skills</td>
</tr>
<tr>
<td>Independent Work</td>
<td></td>
<td></td>
<td></td>
<td>Completes tasks with minimal supervision</td>
</tr>
<tr>
<td>Communication-Verbal</td>
<td></td>
<td></td>
<td></td>
<td>Contributes knowledge &amp; opinions in an articulate manner</td>
</tr>
<tr>
<td>Written</td>
<td></td>
<td></td>
<td></td>
<td>expresses self clearly in writing</td>
</tr>
<tr>
<td>Stress Response</td>
<td></td>
<td></td>
<td></td>
<td>Maintains composure/able to function</td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
<td></td>
<td>Positive approach to work/coworkers</td>
</tr>
<tr>
<td>Manual Dexterity</td>
<td></td>
<td></td>
<td></td>
<td>Ability to perform psychomotor skill</td>
</tr>
<tr>
<td>Group Interaction</td>
<td></td>
<td></td>
<td></td>
<td>Ability to get along with peers and coworker</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>Ability to get along/teachers/supers</td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td>Demos common sense, tact, empathy to patient</td>
</tr>
<tr>
<td>Knowledge/Application</td>
<td></td>
<td></td>
<td></td>
<td>Ability to apply theory to practice</td>
</tr>
<tr>
<td>Decision Making</td>
<td></td>
<td></td>
<td></td>
<td>Ability to analyze problem/formulate solution</td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td>Follows through on assignments</td>
</tr>
</tbody>
</table>

Relationship to applicant: Adviser ____  Teacher ____  Supervisor ____  Other (please note): _______________

How long have you know the applicant? _______________
How well do you know applicant? _______________

Do you? _____Highly recommend _____ Recommend _____ Recommend with reservations _____ Not recommend

Name: ____________________________________________  Title: _______________________

Institution: ___________________________________  Phone: _______________________

Address: _________________________________________
Neurodiagnostics 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 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.
To enter any Allied Health Program at Alvin Community College the following immunizations/tests are required. (Required by State Law/Clinical Facilities)

### PRIOR TO APPLICATION:

**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 at least the first two immunizations at time of application. Documentation of the third vaccination must be provided by September 1st.

### AFTER ACCEPTANCE:

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

Should be done close to the time you begin the program to last throughout the academic year

**Chest x-ray required if PPD is positive** (include signed copy of chest x-ray results).

**Varicella (Chicken pox):**

Vaccination with two doses of Varicella vaccine administered 4-8 weeks apart.

OR

Serologic test positive for Varicella antibody. (Attach laboratory proof of varicella immunity)

**MMR (measles mumps and rubella)**

Vaccination with two doses of MMR vaccine administered at least 28 days apart

OR

Serologic test positive for MMR antibodies. (Attach laboratory proof of MMR immunity)

**TDaP (Tetanus, Diphtheria, Pertussis):**

Immunization for TDaP administered on or after 18th birthday. (Vaccination MUST include Pertussis)

**Seasonal Flu:** REQUIRED ANNUALLY

A seasonal flu vaccine is required prior to October 1st for continued clinical participation.
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 Neurodiagnostics program. The results will be accepted for the duration of the student’s enrollment in the Neurodiagnostics 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 Neurodiagnostics 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 Neurodiagnostics 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

Neurodiagnostics

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
NEURODIAGNOSTICS

CONSENT FOR RELEASE OF INFORMATION

My signature below indicates that I have read the policy on criminal background screening for the Neurodiagnostics 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 Neurodiagnostics licensure.

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 Neurodiagnostics” outlining the physical requirements of the training program and the duties of the Neurodiagnostic 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: ____________________________________________
PLEASE RETURN THE FOLLOWING TO THE PROGRAM OFFICE BY JULY 15TH:

- Application
- Recommendation forms (x 2)
- Consent for background and drug screen
- Any unofficial transcripts

If you have any questions please contact:

Angelia Klaproth  
3110 Mustang Road  
Science bld. S250  
Alvin, Tx. 77511-4898  
aklaproth@alvincollege.edu  
(281) 756-5644