

CONTINUING EDUCATION & WORKFORCE DEVELOPMENT

Alvin Community College has partnered with <u>Viewpoint Screening</u> to provide your background check, drug test, immunization management and document management.

- ✓ <u>Click here to view instructions</u> for the screening process.
- ✓ There is a **\$50 fee** for this service, and is non-refundable even if you do not enroll into a CEWD Healthcare Program.
- ✓ Failure to submit an order will delay the entrance into a course in the ACC CEWD Healthcare programs.
- Approval/acceptance of your documents by Viewpoint does not guarantee you a space in the program. The only way to guarantee you a space is to register, when registration is open, and make payment for the class.

Use the following pages to help your Viewpoint Screening upload go quickly and smoothly.

IMMUNIZATION RECORD GUIDE

ACC CEWD Healthcare Programs

Important: As of July 28, 2016 per the amended Texas Administrative Code, Rule 97.64 Documentation of immunizations are required at the time of application and/or completed by the start of all clinical class enrollments and clinical visits to affiliate sites.

Program enrollment will not be allowed without completed immunization documentation. Vaccines administered on or after September 1, 1991 must include the mm/dd/yy, each vaccine was given.

If you have questions regarding the dates or timing of immunizations, please visit the Centers for Disease Control and Prevention <u>https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf</u>

If you don't have your immunization records, look in these places:

- The doctor's office or public health clinic where you got your shots
- Your family records, such as a baby book
- Your high school
- ImmTrac, the Texas Immunization Registry
- A college or university you've attended, if they had immunization requirements Institutions where immunization records might be found usually have rules for how long they are kept, so very old records may no longer be available.

Blood work proving immunization (titer test) may be used as replacement in documentation of immunity.

Checklist and General Information regarding Immunizations:

All applicants must provide a copy of written documentation from a physician or public health authority for:

- Varicella (Chicken pox) Proof of either (a) a physician-documented history of the disease, or (b) documentation of two varicella immunizations (if born in 1980 or later), or (c) a serum titer confirming immunity. *Note*: The varicella injection series is a four-week process.
- Hepatitis B Proof of either: (a) a complete three-injection series of hepatitis B vaccinations, or (b) a serum titer confirming immunity. Note: The hepatitis B injection series is a 4-6 month process. There must be a minimum of four weeks between the 1st and 2nd immunization, minimum of eight weeks between the 2nd and 3rd immunization, and a minimum of sixteen weeks between the 1st and 3rd immunization.
- Measles Proof of either: (a) two doses of measles vaccine on or after first birthday, or (b) a physician-documented history of disease, or (c) a serum titer confirming immunity. *Note*: Students born before Jan. 1, 1957 are exempt from the measles requirement. There must be at least four weeks between the first and second measles vaccination.
- Mumps Proof of either: (a) one dose of mumps vaccination on or after first birthday, or (b) a physician-documented history of disease, or (c) a serum titer confirming immunity. *Note*: Students born before Jan. 1, 1957 are exempt from the mumps requirement.
- **Rubella** Proof of either: (a) one dose of mumps vaccination on or after first birthday, or (b) a physician-documented history of disease, or (c) a serum titer confirming immunity. *Note*: All students are required to show proof of rubella.

***Combined MMR vaccine is vaccine of choice if recipients are likely to be susceptible. ***

- _____ Tetanus (TdaP) Proof of tetanus vaccination within the last 10 years.
- **Tuberculosis** (TB) Proof of TB test (PPd skin test or chest x-ray) with a negative reading. Must be within 12 months prior to start of clinical courses.

Dental Assistant, Phlebotomy, and Veterinary Assistant Students

Bacterial Meningitis Vaccination (MCV4) – Per state legislation – SB 1107, beginning Jan. 1, 2012, certain college students under the age of 22 years must receive this vaccination. Needed only for the CE program of <u>Dental Assistant</u> which is 360 hours or more.

_____Flu (Influenza) - Proof of 1 dose of influenza vaccine annually for Phlebotomy Students

_ Medical Insurance - Proof of medical insurance card showing name of student for Veterinary Assistant Students

Medical History & Physical Exam FormACC CEWD Healthcare Programs

_____ Date of Birth:_____

	To be completed by Student PRIOR TO PHYSICAL FXAM VISIT
NOTE:	While confidentiality of this information will be maintained, full health information disclosure is necessary for the student's protection as well as that of others.

	To be completed by Student I KIOK TO I II I STEAL EAANY VISIT								
1.]	1. Medical History:								
Ple	Please answer the following for any condition which you have received medical treatment within the past five years :								
Y	N Rheumatic fever Y N Menstrual disorders Y N Joint disease								
Y	Ν	Back injuries	Y N	Epilepsy	Y N	Cardiovascular disease			
Y	Ν	Hay fever	Y N	Diabetes	Y N	Eye/Vision Impairment			
Y	Ν	Frequent colds	Y N	Tuberculosis	Y N	Thyroid disease			
Y	Ν	Anemia	Y N	Asthma	Y N	Ulcer/colitis			
Y	Ν	Hypertension	Y N	Frequent headaches	Y N	Other (please describe)			
Da	Date of last Eye Exam? / / Date of last Dental Exam?								
Y	Y N Currently pregnant? If yes, expected DUE DATE is								
	You must provide attending OB/GYN or Physician's release on below Functions								
Y	Ν	N Physical limitations?							
	If you have physical limitations, please review with the Program Coordinator or the Director of CEWD Healthcare the Essential								
Functions of the program you plan to enroll in.									
Chronic illnesses? (describe)									
	If you have a chronic illness, you must have your physician of record review the requirements below and clear your examination								

Current medications? (list)

If you take medications for a chronic illness, you must have your physician of record clear your examination.

	To be completed by Primary Care Provider												
Are y	ou the student	tudent/patient prio 's/patient's Primar mation completed	y Car	e Provide	er?	on? prior to your examinati	ion?	Y Y Y	N N N]	Initial Initial Initial	
	2. Physical Examination:												
Height	ne Primary Care	Weight	o make	Pulse	te physic	al examination of the studer B/P	Vision	n Co	rrective	tions fro e Lens?	Y	rmal. N	
SYSTEM	NORMAL	SYSTEM	NOI	RMAL	FUNC	 CTIONS (N/A is NOT ac	R		/		L	NORMAL	
Heart	NORMAL	Ears	NUI	MAL		motor skills (reach, stoop						NORMAL	4
Eyes		Abdomen				notor skills (squeeze w/ f)					_
Skin		Reflexes		Physical endurance (push/pull/lift 50+ pounds)						_			
Neck	Musculoskeletal	Physical endurance (stand for long periods)								_			
Lungs		Balance			Mobility (respond rapidly, move independently)							-	
Describe any	deviations from	m normal:											
I examined _		lent /Patient Name)			and four	nd him/her to be in(poor.	, fair, ave			cellent)	healt	h.	
Provider's Name (Please Print)				Pı	Provider's Signature (Please Sign)								
Office Addre	ess (Street)				Te	elephone							
City		State 2	Zip		Da	ate							

NOTIFICATION TO STUDENT – HB 1508

Please review the below chart of CEWD Health Care program information. Per the requirements of House Bill 1508, make note of limitations of licensing or employment due to offenses of your background check. This new statute requires that any educational institution offering a program that prepares a student for an occupational license be notified of the below four items in order to comply with the statute:

- 1. The potential ineligibility of an individual who has been convicted of an offense for issuance of an occupational license upon completion of the program;
- 2. Current guidelines by any licensing authority that may issue an occupational license to an individual who completes a program;
- 3. State/local guidelines used by a licensing authority to determine eligibility for a license;
- 4. The student's right to request a criminal history evaluation letter.

Program Name	Exam Costs/Licensing Information	Website
Certified Nursing Assistant	\$85.50 - Department of Aging & Disability Services/Texas Health and Human Services	https://hhs.texas.gov/doing-business-hhs/licensing- credentialing-regulation
Clinical Medical Assistant	\$90 - National Center for Competency Testing (NCCT) - Online registration testing within 6 months of graduation or \$135 after 6 months of graduation. \$20 Test sitting fee at ACC	https://www.ncctinc.com/
Non-Certified Radiological Technician	\$60 Online with Texas Medical Board,\$39.50 Fingerprinting - Identigo	http://www.tmb.state.tx.us/page/non-certified- radiological-technicians https://uenroll.identogo.com/workflows/11G62J
Phlebotomy Technician	\$135 ASCP Route 2 exam after 100 hours/100 documented sticks	https://www.ascp.org/content/board-of- certification/get-credentialed
Dental Assistant	 \$70 (1064 class fee) online with UT Dental School, San Antonio \$36 TX State Board of Dental Examiners Online Application with \$15 Passport Photo \$5 National Practitioner Data Bank (NPDB) Self-Query Report & \$39 IdentoGO Fingerprinting = \$95 for Licensing 	<u>https://www.tsbde.texas.gov/CriminalHistoryEvalu</u> ationAssistants.html
Veterinary Assistant	\$135 TVMA CVA level1 taken at ACC after independent 300 hours.	https://tvma.azurewebsites.net/Certifications/CVA
Medical Office Billing & Coding	Student may independently pursue once they work 2 years in the field	Recommended: https://www.aapc.com/certification/cpb/
Activity Director	\$ 100 NCCAP (Nat'l) or \$ 125 CTRAC (Texas)	https://nccap.memberclicks.net/activity- professional-certification https://ctractexas.org/certification/levels-of- certification/activity-director-texas-certified-fact- sheet/
Medication Aide for Nurse Assistant	\$25 - Department of Aging & Disability Services/Texas Health and Human Services	https://hhs.texas.gov/doing-business-hhs/licensing- credentialing-regulation

Due to merging of many departments within the State of Texas, please take the time to review the website for your licensing authority **prior to enrollment** into a Continuing Education Health Care program. Students who have been convicted of a felony must contact the appropriate credentialing agency to determine eligibility. Many agencies have a criminal history evaluation. <u>If there is no criminal</u> evaluation and you have had a prior conviction, it may be difficult to find employment in the health care industry.

I have read this information sheet and understand it is my responsibility to ensure no issues regarding my criminal history limit me from gaining the respective licensing.

Student Name Printed

Program Chosen