



CONTINUING EDUCATION & WORKFORCE DEVELOPMENT

Alvin Community College has partnered with [Viewpoint Screening](#) to provide your background check, drug test, immunization management and document management.

- ✓ [Click here to view instructions](#) 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.**

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 <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

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 Dental Assistant 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 Form**ACC CEWD Healthcare Programs**

Student/Patient Name: _____ Date of Birth: _____

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 PRIOR TO PHYSICAL EXAM VISIT**1. Medical History:**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 N Back injuries	Y N Epilepsy	Y N Cardiovascular disease
Y N Hay fever	Y N Diabetes	Y N Eye/Vision Impairment
Y N Frequent colds	Y N Tuberculosis	Y N Thyroid disease
Y N Anemia	Y N Asthma	Y N Ulcer/colitis
Y N Hypertension	Y N Frequent headaches	Y N Other (please describe)

Date of last Eye Exam? / / Date of last Dental Exam? / /

Y N **Currently pregnant?** *If yes, expected DUE DATE is _____*
*You must provide attending OB/GYN or Physician's release on below Functions*Y 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**

Have you seen the student/patient prior to today's examination?	Y	N	_____	Initial
Are you the student's/patient's Primary Care Provider?	Y	N	_____	Initial
Was the above information completed by the student/patient prior to your examination?	Y	N	_____	Initial

2. Physical Examination:

The Primary Care Provider is requested to make a complete physical examination of the student and note any deviations from normal.

Height	Weight	Pulse	B/P	Vision	Corrective Lens?	Y	N
				R	/	L	/
SYSTEM	NORMAL	SYSTEM	NORMAL	FUNCTIONS (N/A is NOT acceptable)			NORMAL
Heart		Ears		Gross motor skills (reach, stoop, move)			
Eyes		Abdomen		Fine motor skills (squeeze w/ fingers)			
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 normal:

I examined _____ and found him/her to be in _____ health.
(Student /Patient Name) (poor, fair, average, good, excellent)

Provider's Name (Please Print)			Provider's Signature (Please Sign)		
Office Address (Street)			Telephone		
City	State	Zip	Date		

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.identigo.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	https://www.tsbde.texas.gov/CriminalHistoryEvaluationAssistants.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. If there is no criminal 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

Student Signature

Date

Informed Consent – Live Venipuncture Participation

Introduction

As a Phlebotomy student you are involved in both classroom and clinical training. As part of your educational process and during the on-campus classes, you will have the opportunity to have hands on training in venous collections. The first venipuncture will be performed on mannequin arms. After successful draws on the mannequins, the subsequent venipunctures will be "live draws" on fellow students. Practices will include: syringes, needles and butterfly draws.

This training will be conducted under the direct supervision of the on-campus class instructor.

Risk and Obligation

The hands on training may involve some anxiety for some students. Minor discomfort may be experienced with a venipuncture. Other adverse effects are common; they include bruising at the site of puncture, fainting, nerve damage and hematomas (*WHO Guidelines on Drawing Blood: best practices in phlebotomy* 2010). Following the venipuncture, you should keep the area clean to prevent infection and may choose to use ice to minimize the chance of hematoma.

Phlebotomy also poses risks for the student doing the draw. According to the WHO Guidelines, *Dangerous practices include:*

- *recapping used needles using two hands;*
- *recapping and disassembling vacuum-containing tubes and holders;*
- *reusing tourniquets and vacuum-tube holders that may be contaminated with bacteria and sometimes blood;*
- *working alone with confused or disoriented patients who may move unexpectedly, contributing to needle-sticks.*

Phlebotomy involves the use of large, hollow needles that have been in a blood vessel. The needle can carry a large volume of blood that, in the event of an accidental puncture, may be more likely to transmit disease than other sharps. Bloodborne organisms that have been transmitted after needle-sticks include viruses such as Hepatitis B and human immunodeficiency virus (HIV), bacteria such as syphilis and parasites such as malaria. A venipuncture may result in a hematoma and some discomfort with the puncture.

By participating in "live" venipuncture, you will be subject to risk of exposure to infectious diseases. You are required to follow Universal Precautions and procedures/policies set forth by the program to minimize the risk. Alvin Community College does not offer financial compensation and is not able to absorb the cost of testing or medical treatment in the event a student becomes infected or injured. The student accepts full responsibility for medical treatment and testing that might occur resultant of an adverse reaction or accidental self-stick with a contaminated needle. You agree to release Alvin Community College, the governing board, officers, employees, clinical preceptors, fellow students and representatives from any and all liability based on the student participation in the activity.

Rights

You have the right to participate and even to withdraw consent after it has been given. To participate in our clinical sites, this hands on training is required. Please let us know if you have any questions or concerns.

Student Name – (please print) _____

Student ID# _____

I have read the entire Informed Consent document and understand the risks/discomforts described. My questions have been answered.

Check One:

☐ I agree to participate in the hands on training.

☐ I do NOT agree to participate in the hands on training and understand that I will not be able to be placed at a clinical site

Signature of Student: _____ DATE _____

Agreements

Please read each statement below. INITIAL each statement in the space indicated to signify your agreement to abide by the policies and procedures in the Alvin Community College Phlebotomy Student Handbook. Print, sign and date in the space below.

____ I have read and agree to comply with the student policies and procedures as outlined in the Student Handbook. Furthermore, I will agree to and will comply with the course requirements as listed in each course Syllabus and Student Policies of the Phlebotomy Program.

____ I understand that while performing my regularly assigned duties, I may be exposed to blood, body fluids, or tissues. I will use the appropriate personal protective equipment required when there is an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them. I understand that if I fail to use available personal protective equipment, I may be subject to disciplinary action.

____ I have been informed regarding the inherent health/safety hazards in the health care field and release ACC from any liability for such hazards.

____ I have read and agree to the "Substance Abuse Administrative Policy." Located <http://www.alvincollege.edu/About> → **Board Policy Manual** → F. Students → FLBE → Student Conduct – Alcohol and Drug Use

____ I agree to criminal background checks and agree to immediately notify the Program Coordinator in writing of any subsequent changes in criminal history that occur after the admission background check has been completed.

____ I understand that I will be required to carry health insurance coverage while attending clinical training.
<https://www.healthcare.gov/>

____ I understand that I may be required to provide documentation of a negative 10-panel drug screen, per requirements for chosen clinical sites requirements.

____ I will complete all required clinical educational training modules and submit signed documentation to the Program as required.

____ By enrolling in a class with a clinical component, I acknowledge that ACC may be required as a condition of my participation at an affiliated clinical site to send certain information regarding me to a clinical affiliate, in compliance with rules, policies, and protocols of the clinical affiliate. Such information may include my social security number, immunization records, and other personal or educational information about me that is reasonably required by the clinical affiliate's standard rules, policies, and protocols that apply to its employees. I knowingly consent to such a requirement, and hereby authorize ACC to send such personal and educational information as may be reasonably required to the clinical affiliate.

Signature of Student: _____ DATE _____