Thank you for your interest in our continuing education healthcare courses. Enclosed you will find pre-admission information relevant to our Medication Aide training. This application packet must be completed and returned to the continuing education healthcare program director prior to registering for classes.

Please return completed packet to:

Daneetra Kersee
Collin College Continuing Education - Healthcare
4800 Preston Park Blvd.
Plano, Texas 75093
DKersee@collin.edu
972.985.3752
Collin College offers a 140 hour Medication Aide training course through our partnership with HealthCare Careers Institute. This course provides the skills needed to successfully work as a Medication Aide in area healthcare environments.

Upon successful completion of this course, students are eligible to take the examination provided by DADS.

**Medication Aide Training – Admission Criteria**

1. Completed application
2. Immunizations
   - MMR
   - Varicella
   - Tetanus-diphtheria
   - Hepatitis B (3 shot series)
3. TB skin test
4. Ability to lift at least 25 pounds and meet the physical requirements of the course
5. Must be free of communicable diseases
6. Criminal background through GroupOne Services
7. Drug screen through SurScan
8. Social Security Card and State Issued Photo ID
10. Be currently employed in a facility as a nurse aide or nonlicensed direct care staff person; and
11. Have been employed in a facility for 90 days as a nonlicensed direct care staff person. A person employed as a nurse aide in a Medicare-skilled nursing facility or a Medicaid nursing facility is exempted from the 90-da requirement.

The immunization requirements set forth are mandated by the Texas Department of State Health Services, program accreditation agencies and/or the healthcare facilities associated with the courses. Collin College cannot make exceptions to any of these requirements.

The Nurse Aide Registry will be checked prior to enrolling individuals to ensure that prospective students are not listed on the registry as unemployable. An individual, who has had a finding of abuse, neglect or misappropriation of patient’s property entered on the registry, will be prohibited from clinical, taking the competency exam and being issued a certificate of nurse aide competency (re 42 Code of Federal Regulation, 483 (1)(ii)).
Date of application submission: _____________________

Name: _____________________________________________________________________________

Mailing address: _____________________________________________________________________
___________________________________________________________________________________

Home phone: ___________________________ Cell phone: ___________________
E-mail address: _____________________________________________________________________

• I have attached the required documentation for consideration.
• I have read and understand the rules and regulations of the college and the program and will abide by these as terms of my continuation in the program.
• The information I have given in this application is factual, and I understand that falsification of any required documentation will result in the denial of my application.
• I understand that I must obtain and pay for liability insurance prior to attending class. This insurance is provided through Collin College at a fee of approximately $20.
• I have read and understand the terms related, and release Collin College and its employees from any liability.
• I understand that this type of course/career has specific physical requirements as per the documentation provided to me at the information session.
• I understand that if I don’t successfully complete and pass each requirement, my application could be declined or I could be immediately dismissed from the program.
• I understand that I must successfully complete competencies in the classroom portion of my training and maintain at least 90% classroom attendance to attend clinicals.
• **I understand that I must successfully complete classroom AND clinical components of my training to take the DADS exam.**
• I understand that enrollment in the Medication Aide Training is limited, and seats will be awarded in date order based on those students who complete and turn in all pre-admission requirements and application to the healthcare program advisor.

__________________________________________  __________________
Signature        Date
Medication Aide Training

GroupOne Texas Student Background Check Instructions

All students applying for admission to the Medication Aide Training classes must complete a student background check through GroupOne Services. The cost of this service is $45. That amount may be paid by Visa or MasterCard.

To initiate a background check, go to GroupOne’s student website at www.gp1.com/students. Once you have read the information on the first screen, click continue. You will then see the screen below. Be sure to pick, Texas, Collin County Community College and Nurse Aide Training to ensure your background results reach the correct department.
Medication Aide Training
GroupOne Texas Student Background Check Instructions Continued

Continue to read and move through the screens until you get to the screen below. Please view the information necessary to complete this screen and ensure that you have the relevant information prior to starting the background check process.

All on-line activity is date and time stamped. Typical background reports will take 2-4 business days to complete. Only the program director will have access to this information found in the background report. All information is considered confidential and as such will not be used for any purposed other than to determine an applicant’s eligibility.

Any questions can be directed to Daneetra Kersee at 972.985.3752. Any website technical difficulties should be directed to GroupOne.
Organization/Company Collin College - Continuing Ed. in accordance with their policies you are hereby required to go to SurScan to complete drug screening. You MUST be at SurScan no later than time _____ : _____ am/pm, date _____ / ____ / 200__.

Person to be tested (print) ________________________________ DOB __________________________
Person requesting testing Jyo Pai, Health Representative

ckeck off Medication Aide Training

Type of Testing Requested
☒ UA Lab
☐ UA OnSite
☐ Hair Drug Testing
☐ Alcohol
☐ Other

2030 G. AVENUE • SUITE 1102
PLANO, TX 75074

972.633.1388 • FAX 775.370.3031

(effective 1-1-2009)
M-F 9:00 am – 5:00 pm
Closed from 12:00 pm to 1:00 pm
Sat 9:00 am – 12:00 pm