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

Please return completed packet to:

Jeanne Johnson  
Collin College Continuing Education - Healthcare  
4800 Preston Park Blvd.  
Plano, Texas 75093  
JLJohnson@collin.edu  
972.985.3752
Admission Criteria

1. Completed application
2. Signed consent form (for phlebotomy students only)
3. Copy of State issued ID (driver’s license)
4. Immunizations – serological confirmation is acceptable for all of the following except Tetanus
   a. MMR – 2 doses or positive titers
   b. Varicella – 2 doses or positive titers
   c. Tetanus-diphtheria (Tdap/Td) – Tetanus/Diphtheria/Pertussis shot within last 10 years
   d. Hepatitis B (3 shot series, must have the first 2 rounds completed prior to the
      start of class, with confirmation of appointment set for shot #3)
5. TB skin test – A TB skin test taken within the past one-year period, with a
   negative result. Those who have a past positive PPD must have a current negative chest x-ray (also within
   one year) or completed treatment.
6. Flu vaccination (If class falls between September and April)
7. Criminal background through GroupOne Services performed within the past 6 months – see page 5
8. Drug screen through SurScan performed within the past 6 months – see page 6
9. Current Basic Life Support for Healthcare Providers (CPR training for Healthcare Workers) – cards earned
   through online training will NOT be accepted

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.

Nurse Aide Students only - 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)).
Name: ____________________________________________

Mailing address: ________________________________________________________________

_____________________________________________________________________

Home phone: _________________________  Cell phone: ________________________

E-mail address: _____________________________________________________________

Requested Course: (Please circle all desired)      Nurse Aide       Phlebotomy (am. or pm.)

Preferred Date of enrollment _____________________

- 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 or removal from class.
- I understand that I must obtain and pay for liability insurance prior to attending class. I understand this insurance is NOT health insurance. This insurance is provided through Collin College and will be charged to my account at the point of registration. (Fee ranges from $5-$22, depending on date of enrollment.)
- 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, which may include lifting up to 25 pounds.
- I understand that if I don’t successfully complete and pass each requirement for admissions, my application will be declined.
- I understand that enrollment in these courses is limited, and seats will be awarded in date order based on those students who complete, turn in, and pass all pre-admission requirements.
- I understand that I must successfully complete competencies in the classroom portion of my training and maintain at least 90% classroom attendance to pass the course and be eligible for clinicals.
- **Nurse Aide Students:** I understand that I must successfully complete classroom AND clinical components of my training AND get instructor approval to take the registry exam.

_________________________  __________________
Signature                     Date
(For Phlebotomy Students Only)

Invasive Procedures Consent Form

I, ______________________ (Student Name) understand that during the course of my program of study, I will have the opportunity to practice specific invasive procedures on consenting students. The invasive procedures that may be practiced are limited to venipuncture and skin puncture. I understand that a clinical faculty member must be in attendance during any practice session in which venipuncture or skin puncture are practiced. I will not perform, nor allow to be performed on me, any practice session in which venipuncture or skin puncture are performed unless a clinical faculty member is present.

I understand that receiving venipuncture or skin puncture administered by other students is strictly voluntary and will not impact my grade. I understand that the risks of these procedures may include infection, feeling light-headed, bruising, or other damage to tissue or nerves. I hereby release, and will not hold Collin County Community College District, its directors, officers, executives, board members, faculty, employees, nor my classmates liable for any injury or complication that may result from any and all activity occurring in practice sessions.

<table>
<thead>
<tr>
<th>I give my consent for students to practice, or faculty to demonstrate, venipuncture and/or skin punctures on me.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature</td>
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</table>

I understand that declining consent requires my practice be limited to practicing on mannequin arms only. I will not perform venipuncture or skin puncture on the mannequin arm unless a clinical faculty member is present, as there are risks associated with any performance of venipuncture and skin puncture. I understand that the risks of these procedures may include infection, feeling light-headed, bruising, or other damage to tissue or nerves. I hereby release, and will not hold Collin County Community College District, its directors, officers, executives, board members, faculty, employees, nor my classmates liable for any injury or complication that may result from any and all activity occurring in practice sessions.

<table>
<thead>
<tr>
<th>I decline to have students practice, or faculty to demonstrate, venipuncture and/or skin punctures on me. I will be limited to practicing on mannequin arms only.</th>
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<tbody>
<tr>
<td>Student Signature</td>
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Reviewed by: ________________________________

Collin College Representative Signature | Date

Note: If the student wishes to change his/her consent at any time during the program, a new form must be signed and dated and approved by a Collin College Representative.
Healthcare Training
GroupOne Texas Student Background Check Instructions

All students applying for admission to specific healthcare programs 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](http://www.gp1.com). Click on the Students tab on the right. 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 the appropriate Continuing Education course to ensure your background results reach the correct department. Click Add then continue.

All on-line activity is date and time stamped. Typical background reports will take 2-4 business days to complete. All information is considered confidential and as such will not be used for any purposes other than to determine an applicant’s eligibility.

Any questions can be directed to Advisor, Jeanne Johnson at 972.985.3752 or [JLJohnson@collin.edu](mailto:JLJohnson@collin.edu). Any website technical difficulties should be directed to GroupOne Services.
Organization/Company **Collin College – Continuing Education** in accordance with their policies hereby require you to go to SurScan to complete drug screening.

Person to be tested (print) ______________________ DOB __/__/____

Person requesting testing: Jeanne Johnson – Healthcare Representative

___ Nurse Aide Training
___ Phlebotomy
Student Checklist for Phlebotomy Lab and CNA.

All of the following requirements must be completed prior to submitting your application. Once completed, please submit all documents along with this checklist to the CE Office, 4800 Preston Park Blvd, Plano, TX 75093, Room 104.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Documents</th>
<th>Date Completed</th>
<th>Circle One: Phlebotomy</th>
<th>CNA</th>
<th>For Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
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<tr>
<td>Consent Form (phlebotomy only)</td>
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<tr>
<td>Copy of state issued ID (driver’s license)</td>
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<td>MMR (2 shots or blood titer w/ positive immunity)</td>
<td>1.</td>
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<td>2. Or Titer:</td>
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<tr>
<td>Varicella (2 shots or blood titer w/ positive immunity)</td>
<td>1.</td>
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<td>2. Or Titer:</td>
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<td>Tetanus (within last 10 yrs)</td>
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<td>Hepatitis B (at least first two shots of three or blood titer w/ positive immunity)</td>
<td>1.</td>
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<td>2. Or Titer:</td>
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<tr>
<td>Negative TB Skin Test or chest Xray (w/in last 12 months)</td>
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<td>Flu Vaccine (Sept.-Mar.)</td>
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<td>Group One Background Check (on-line)</td>
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<td>Sur Scan Drug Screen (Plano, TX)</td>
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<td>Basic Life Support for Healthcare Providers (copy of card)</td>
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<tr>
<td>Nurse Aide Registry</td>
<td>For Official Use Only, Date:</td>
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</table>

Application Received (staff): ____________________ Date:__________ Time:____________

Application Approved: ________________ CRN#___________ Date____________________