

Checklist

Step 1:

- Complete the application information on page 2, indicate the externship you want, sign and date the bottom.
- Read the Waiver, Release & Indemnification Agreement on page 3. Enter your name in the first blank, and complete the box of information at the bottom of the page.
- Read the Rights and Expectation on page 4. Enter the date, sign and print your name at the bottom of the page.

Step 2:

- For CMA's only:** complete [self-evaluation](#) and turn in with your completed application.

Step 5:

- If your externship will be in a hospital or clinical setting, you must submit all vaccine documentation to ArcPoint for verification, not Collin College. See page 5 for a map and detailed instructions. Cost for this service is \$30. If you have already turned these in for your class we do not need them again.

Required vaccines are:

- MMR – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Varicella – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Hepatitis B – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Tetanus – 1 dose within the past 10 years
- Tuberculosis – negative skin test or chest X-ray within the past 12 months
- Flu – current year's flu vaccine

These vaccines can be obtained at your doctors' office, the county health department, ArcPoint labs, and some pharmacies.

Step 6:

- Go to ArcPoint for a background check. See page 5 for detailed instructions. Cost for this service is \$45. Background checks are valid for 6 months only, and must be valid for the duration of your externship.
- Go to ArcPoint to submit for a drug test. Map and instructions are on page 5. Cost for this service is \$30. Drug screens are valid for 6 months only, and must be valid for the duration of your externship.
- Results of these 2 checks are provided directly to Collin College in about 3 days.

Step 7:

- Copy the front and back of your signed Basic Life Support for card.
 - If you do not have a card, please visit <http://www.collin.edu/ce/courses/bls.html> as we offer this course frequently. You will need to register and pay for the course, attend class and pass your exams to receive your BLS card and be eligible for participation in Externship.
 - This course must follow American Heart Association guidelines and **MUST** include a hands-on skills assessment. Courses that are taken fully online will not be accepted.

Step 8:

- Submit a digital copy of your updated resume completed in Health Career Success.

Step 9:

- Submit all documentation to the CE Healthcare Department. We need:
 - Pages 2, 3 and 4 of this application packet,
 - Vaccine printout from ArcPoint labs,
 - Copy of State issued ID,
 - Copy of Basic Life Support card. Courses that are taken fully online will not be accepted.
 - Copy of your self-assessment (CMA only)
 - Copy of your resume



Name: _____

Date of application submission: _____

Mailing address: _____

City: _____

Preferred phone: _____

Other languages: _____

E-mail address: _____

Date available to start: _____

Externship Desired (Check one) (*Indicates vaccination prerequisites prior to acceptance into externship):

- Medical Billing (\$299) (requires flu and TB) *Health Unit Coordinator (\$349)
- *Clinical Medical Assistant (\$749) Medical Administrative Assistant (\$239) (requires flu and TB)
- *Patient Care Technician (\$349) *Phlebotomy (\$400)
- Pharmacy Technician (\$349) (Trainee or Technician card req'd)

Statements of understanding:

- I understand I must successfully complete the following to be considered for clinical placement:
 - Achieve all competencies in the classroom portion of my training within the past 3 months
 - Prerequisite: Health Career Success completed (CRN or date taken: _____).
 - Attach a professional resume
- I have attached ALL required documentation for consideration.
- I have read & understand the rules & regulations of the college this program abides by & these are terms of my continuation in the program.
- Information given is factual. Falsification of required documentation results in application rejection.
- I understand I must pay for the externship clinical experience upon application approval & the additional fee of liability insurance assessed at registration.
- I will submit to Arc Point for a background check, at my expense. The results will be reported directly to the College.
- I will submit to ArcPoint for a drug screening, at my expense. The results will be reported directly to the College. Once I am admitted into the Externship, I may be subject to future drug screens in the event that “for cause” behavior (suspicious in nature) is demonstrated in the classroom or clinical areas or per agency/clinical requirement. I further realize that a positive test result may deem me ineligible for progression in the Externship. This can be cause for withdrawal from the program with a “No-Pass” grade and referral to a substance abuse program.
- I have read & understand the terms related, & release Collin College & its employees from any liability.
- I understand completion of the application does not guarantee me a position at a clinical site. Applications are screened by the Clinical Coordinator, & if selected for participation, I will be notified. Recommendations from my instructors will be a contributing factor.

Applicant Signature

Date



WAIVER, RELEASE & INDEMNIFICATION AGREEMENT

I, _____, being of legal age, have voluntarily agreed to participate in an Externship (the “Externship”) at: _____ (the “Facility”). In consideration for being permitted to participate in the Externship, I, acting individually & on behalf of my children, parents, heirs, successors, assigns, personal representatives & estate, hereby agree as follows:

1. **Release from Liability.** I hereby release, acquit, & forever discharge the Facility, Collin College & their respective employees, agents, servants, officers, directors, trustees, owners, affiliates & representatives (in their official & individual capacities) (collectively, the “Released Parties”) from any & all liability whatsoever for any & all damages, losses, or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses & attorneys’ fees, which arise out of, during, or in connection with my participation in the Externship, including, but not limited to, any damages, losses, or injuries to persons or property or both which may be sustained or suffered by me or any person in connection with my association with, participation in, or travel to & from, & in conjunction with the Externship.

2. **Indemnification.** I hereby agree to indemnify, defend, & hold harmless the Released Parties from any & all liability, loss or damages they or any of them incur or sustain as a result of any claims, demands, damages, actions, causes of action, judgments, costs or expenses including attorneys’ fees, which result from, arise out of, or relate to my participation in, or travel to & from, & in conjunction with, the Externship.

3. **Severability.** I agree that this Waiver, Release, & Indemnification Agreement is intended to be as broad & inclusive as permitted by the laws of the State of Texas, & if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force & effect.

4. **Representations.** I release & discharge the Facility from all responsibility & liability for all injuries, illnesses, medical bills, charges, or similar expenses I may incur while participating in the Externship.

5. **No Employment.** I understand & agree that my relationship with the Facility is not one of employer/employee. None of the benefits provided by an employer to an employee, including but not limited to minimum wage & overtime compensation, workers’ compensation insurance & unemployment insurance & other employee benefits, shall be available from or through the Facility to me.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE & INDEMNIFICATION AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS & SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS.

Name (Last, First, M.I.)	Date
Address	Telephone
City, State, Zip	Signature
In case of emergency, please notify (NAME)	
Relationship	Telephone

Rights & Expectations

1. I understand that upon registration & payment for the externship experience, Collin College will make every effort to arrange an externship interview/orientation with a site within 45 days.
2. Upon registration & full payment for the externship experience, Collin College will arrange for 1 interview with a potential clinical site. If I am not chosen by that site to complete my hours there, or if I refuse the placement, Collin College will find 1 more site. If I am not chosen by that second site, or if I refuse the placement, the obligation held by Collin College has been fulfilled, & my externship registration fee will not be refunded.
3. As a student extern, my behavior at site is to be professional. If, after externship hours have begun, I am asked to leave site due to poor performance, behavior, attitude, or insubordination, Collin College is under no obligation to find me another site. The obligation held by Collin College will have been fulfilled, & my externship registration fee will not be refunded.
4. I understand that I am expected to arrive at my site with all necessary paperwork (skills checklist, timesheet, & personal identification). I will arrive at least 10 minutes prior to my interview time.
5. Once I have been accepted by the site & my externship hours have begun, I will take initiative with tasks & be open to instruction & new techniques. I will be coachable in all aspects of the profession.
6. Timesheets are due to the Clinical Coordinator every week. I will have them signed by my site supervisor & will return them to Collin College via email, fax, or will personally deliver them each week.
7. After completing my assigned hours, I will submit my completed & approved skills checklist to the Clinical Coordinator.
8. My site supervisor will have the opportunity to submit an evaluation upon the completion of my externship. The evaluation will be given by the site supervisor directly to the Collin College Clinical Coordinator who will then review it with me. Poor performance on this evaluation will result in a grade of No-Pass (NP).
 - a. If the NP is due to poor behavior & I would like an opportunity to earn a Pass-Competency (PC) for the externship, I will be required to repeat Health Career Success, then repeat the externship. Repeats of all classes will require new registration & payment in full.
 - b. If the NP is due to poor performance on skills & I would like an opportunity to earn a Pass-Competency (PC) for the externship, I will be required to repeat the full course or a remediation course, then repeat the externship. Repeats of all classes will require new registration & payment in full.

I have read the above rights & expectations & will comply with the best of my ability.

Student Signature

Date

Student Printed Name

ArcPoint Background Check Instructions

All students applying for a healthcare externship must complete a student background check through ArcPoint. **The cost of this service is \$45.**

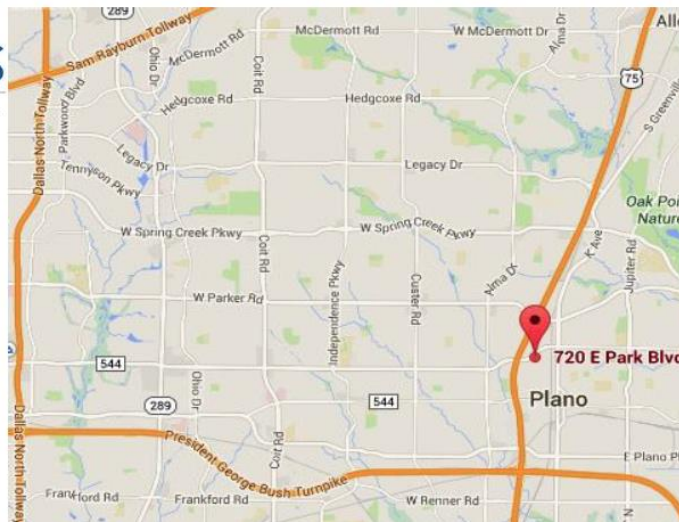
Typical background reports will take 2-4 business days to complete. All information is considered confidential and as such will not be used for any purposes other than to determine an applicant's eligibility.

ArcPoint Drug Screening Instructions

Collin College – Continuing Education in accordance with their policies hereby require you to go to ArcPoint to complete drug screening. **The cost of this service is \$30.**



ARCpoint Labs of Plano
720 E. Park Blvd., Suite 102
Plano, TX 75074
PH: 469.656.7999
FX: 469.331.4177
ARCpointLabs.com/Plano
Hours: M-F 8:30am-5:30pm
Sat. 8:30am - 12:30pm, Call for Appt.



ArcPoint Vaccine Verification Instructions

Go to ArcPoint Labs and submit all of your vaccine documentation. These documents should not be submitted to Collin College. **Submit copies only, documents will not be returned.**

ArcPoint Labs will collect documentation on the following vaccines:

- MMR – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Varicella – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Hepatitis B – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Tetanus – 1 dose within the past 10 years
- Tuberculosis – negative skin test or chest X-ray within the past 12 months
- Flu – current year's flu vaccine (Sep-Apr)

This documentation will be collected by ArcPoint Labs, verified, and consolidated into a standardized format. **The cost of this service is \$30.** Collect the vaccine printout form from ArcPoint Labs and submit to the CE Health Science office along with your other paperwork.