

Health Occupations Programs Checklist

Name: (PRINT) _____

ID#: _____ SSN: _____

Email: _____ Class: _____
(ex: FA/15 6013, 6041)

PROGRAM (check one)

- Certified Nurse Aide
- Electrocardiography Tech
- Dental Assisting
- Patient Care Technician
- Personal Trainer
- Phlebotomy

Specific Programs

Certified Nurse Aide Program

- Paid Tuition
- Social Security Card (MUST match ID)
- Texas DL or ID (MUST match S.S. Card)
- Background Check (www.certifiedbackground.com)
- Required Immunizations Document signed by your Healthcare Provider *and* accompanying shots records including:
 - Hepatitis B (3 shots)/TITER
 - *Fast Track Highly Recommended!!***
 - TDAP (within the last 10 years)
 - MMR (2 shots)/TITER
 - Varicella (2 shots)/TITER
 - TB Skin Test Negative (within 6 mos.)
- Licensing Exam Online Application and payment with a debit/credit card or voucher to Pearson Vue for \$95.00 (in class)
- Sanctions Review Passed (by LSC staff)
- Date: _____ Initials: _____

Phlebotomy Program

- At least 18 years old with a High School Diploma or GED copy
- Paid Tuition
- Social Security Card (MUST match ID)
- Texas DL or ID (MUST match S.S. Card)
- Background Check (www.certifiedbackground.com)
- Required Immunizations Document signed by your Healthcare Provider *and* accompanying shot records including:
 - Hepatitis B (3 shots)/TITER
 - *Fast Track Highly Recommended!!***
 - TDAP (within the last 10 years)
 - MMR (2 shots)/TITER
 - Varicella (2 shots)/TITER
 - TB Skin Test Negative (within 6 mos.)
 - Flu Shot (seasonal)
- Valid **American Heart Association** CPR for Healthcare Providers Certification/Card

Electrocardiography Technician Program

- At least 18 years old with a High School Diploma or GED copy
- Paid Tuition
- Social Security Card (MUST match ID)
- Texas DL or ID (MUST match S.S. Card)
- Background Check (www.certifiedbackground.com)
- Required Immunizations Document signed by your Healthcare Provider and accompanying shot records including:
 - Hepatitis B (3 shots)/TITER
 - *Fast Track Highly Recommended***
 - TDAP (within the last 10 years)
 - MMR (2 shots)/TITER
 - Varicella (2 shots)/TITER
 - TB Skin Test Negative (within 6 mos.)
 - Flu Shot (seasonal)
- Valid **American Heart Association** CPR for Healthcare Providers Certificate/Card
- ACA Application (Completed in Class)
- Money Order payable to "ACA for \$100.00"

Dental Assisting Program

- At least 18 years old with a High School Diploma or GED copy
- Paid Tuition
- Social Security Card (MUST match ID)
- Texas DL or ID (MUST match S.S. Card)
- Background Check (www.certifiedbackground.com)
- Required Immunizations Document signed by your Healthcare Provider *and* accompanying shot records including:
 - Hepatitis B (3 shots)/TITER
 - *Fast Track Highly Recommended!!***
 - TDAP (within the last 10 years)
 - MMR (2 shots)/TITER
 - Varicella (2 shots)/TITER
 - TB Skin Test Negative (within 6 mos.)
- Valid **American Heart Association** CPR for Healthcare Providers Certification/Card

Patient Care Technician (PCT) Program

(Includes the Certified Nurse Aide Program, Phlebotomy Program and Electrocardiography, Professionalism in the Workplace and Medical Terminology classes)

- At least 18 years old with a High School Diploma or GED copy
- Paid Tuition
- Social Security Card (MUST match ID)
- Texas DL or ID (MUST match ID)
- Background Check (www.certifiedbackground.com)
- Required Immunizations Document signed by your healthcare provider and accompanying shot records for:
 - Hepatitis B (3 shots)/TITER
Fast Track Highly Recommended!!
 - TDAP (within the last 10 years)
 - MMR (2 shots)/TITER
 - Varicella (2 shots)/TITER
 - TB Skin Test Negative (within 6 mos.)
 - Flu Shot (seasonal)
- Valid **American Heart Association** CPR for Healthcare Providers Certification/Card

Personal Trainer Program

- Liability Release Waiver
- Medical History Disclaimer
- Valid **American Heart Association** 'Heartsaver' CPR Certification/Card

Notes:

Clinical Paperwork Received: _____ Date: _____

Clinical Site: _____

Total Hours: _____ Total Sticks: _____

C N A Testing Date: _____ Passed / Failed (Circle one)

File Reviews (Date and Initial): _____