Health Occupations Programs Checklist

Name: (PRINT) _____

ID#: _____ SSN: _____

Email: _____ Class:_____
(ex: FA/16 6013, 6041)

Specific Programs

Certified Nurse Aide Program
- o Paid Tuition
- o Social Security Card (MUST match ID)
- o Texas DL or ID (MUST match S.S. Card)
- o Background Check (www.castlebranch.com)
- o 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.)
- o Licensing Exam Online Application and payment with a debit/credit card or voucher to Pearson Vue for $85.50 (in class)
- o Sanctions Review Passed (by LSC staff)

Date: _____ Initials: _____

Phlebotomy Program
- o At least 18 years old with a High School Diploma or GED copy
- o Paid Tuition
- o Social Security Card (MUST match ID)
- o Texas DL or ID (MUST match S.S. Card)
- o Background Check (www.castlebranch.com)
- o 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)
- o Valid **American Heart Association** CPR for <u>Healthcare Providers</u> Certification/Card

Electrocardiography Technician Program
- o At least 18 years old with a High School Diploma or GED copy
- o Paid Tuition
- o Social Security Card (MUST match ID)
- o Texas DL or ID (MUST match S.S. Card)
- o Background Check (www.castlebranch.com)
- o 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)
- o Valid **American Heart Association** <u>CPR for Healthcare Providers</u> Certificate/Card
- o ACA Application (Completed in Class)
- o Money Order payable to "ACA for$100.00

Dental Assisting Program
- o At least 18 years old with a High School Diploma or GED copy
- o Paid Tuition
- o Social Security Card (MUST match ID)
- o Texas DL or ID (MUST match S.S. Card)
- o Background Check (www.castlebranch.com)
- o 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.)
- o Valid **American Heart Association** CPR for <u>Healthcare Providers</u> 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)

o   At least 18 years old with a High School Diploma or GED copy
o   Paid Tuition
o   Social Security Card (MUST match ID)
o   Texas DL or ID (MUST match ID)
o   Background Check (www.castlebranch.com)
o   Required Immunizations Document signed by your healthcare provider and accompanying shot records for:
o   ☐ 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)
o   Valid **American Heart Association** <u>CPR for Healthcare Providers</u> Certification/Card

Personal Trainer Program

o   Liability Release Waiver
o   Medical History Disclaimer
o   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): _____

LSCS Health Occupation Programs
Instructions for Background Check Process

Prior to registering for many healthcare programs, students who have been conditionally accepted must complete a criminal background check. Students are responsible for completing the background application process, paying all fees and ensuring that a copy is submitted to the appropriate program director at the campus you are registering at. Additional background checks may be required, if a student is convicted of a felony or misdemeanor while enrolled in a LSCS healthcare program. CastleBranch is the only agency accepted by LSCS.

Clinical facilities determine what constitutes an unacceptable background check. The student is responsible for working with the background check company to clear up any reporting discrepancies. If there is a criminal history that cannot be cleared up prior to the start of clinical, the student needs to apply to his/her respective professional board for licensure clearance. Students cannot begin or continue their studies until the background check process is satisfactorily completed. **Please make sure you print out a completed background check copy and bring it with you to register.**

PLEASE MAKE SURE YOU USE YOUR FULL NAME (Must match your Social Security Card!)

CASTLEBRANCH

Price: $30.00

Access application online at http://www.castlebranch.com

When you go online click on "Place Order" and it will ask you for a package code.

Please select the campus and package code from the following list:

Conroe:
Certified Nurse Aide	LD59bg
Phlebotomy	LDbg

Cyfair:
Certified Nurse Aide	LB28bg

Kingwood:
Certified Nurse Aide	LS23bg
Dental Assisting	LS43bg
Phlebotomy	LS56bg

07/01/2016

North Harris Campus and the Victory Center:

Certified Nurse Aide   LD42bg
Electrocardiography   LD43bg
Phlebotomy   LD60bg

Tomball:
Certified Nurse Aide   LD85bg
Electrocardiography   LK00bg
Phlebotomy   LD56bg

For Patient Care Technician please use the package code for chosen campus for Certified Nurse Aide

You will be notified on your CastleBranch profile if there is any missing information needed or if they have any queries in order to process your order. The results usually take 3-7 days to complete processing. Your order will show "Pending" or "Processing" until it has been completed in its entirety. If you need assistance please call Customer Services on (888) 914 -7279 or (888) 666-7788. You can login and check on the status at any time. You will see a red Adobe Acrobat box on the right on your profile/home page that says 'view results'. There may be something you are missing in the 'to do' list on the left for you to respond to, provide or verify. Once it is completed it will say 'completed' on the end of each section of the background check and will be date stamped at the top right in a circle.

After you order you will receive an alert on your profile asking you to print out and complete and sign a form for the Social Security Administration. Print out the Form SSA-89.

Please complete the SSA89 form. The instructions are on the cover sheet. Make sure you complete the line below your FULL name, date of birth, and social security number. It must say "seeking enrollment in the (Designate your program of interest: Phlebotomy, C N A or E K G) Program at Lone Star College". Then, below that please check the 'background check' box. Be sure you put your full address and phone number at the bottom, sign and date it.

Fax this completed form to: (910) 343 9731 or **for a quicker approval scan and email it to: expedite@castlebranch.com**

The approval process for the SSA Form 89 may take 2-3 days for the SSA to confirm.

If you have any difficulty in completing this form, where to send it, or have not been approved after 3 days, please call CastleBranch Customer Service at (888) 914-7279 or (888) 666-7788.

07/01/2016