**Health Occupations Programs Checklist**

**PROGRAM (check one)**

* **Certified Nurse Aide**
* **Clinical Medical Assistant**
* **Electrocardiography Tech**
* **Dental Assisting**
* **Patient Care Technician**
* **Personal Trainer**
* **Phlebotomy**
* **Sterile Processing**

Name: (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

ID#: SSN: \_\_\_\_\_\_\_\_\_ \_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_

 (ex: SP/20 6013, 6041)

 **Certified Nurse Aide Program (CC/CF/K/NH/T)**

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.)
* Flu Shot (seasonal)

 o LSC Health History Form/College Physical

 o Licensing Exam Online Application and payment with a debit/credit card or voucher to Pearson Vue for $104.50 (in class)

o Sanctions Review Passed (by LSC staff)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_

 **Electrocardiography Technician Program (NH )**

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)

 Drug Screen on request

o LSC Health History Form/College Physical

o Valid **American Heart Association** CPR for Healthcare Providers/BLS Certification/Card

o Money Order payable to “ACA for$100.00

**Phlebotomy Program (CC/K/NH/T)**

o At least 18 years old with aHigh 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)
* Drug Screen on request

o LSC Health History Form/College Physical

o Valid **American Heart Association** CPR for Healthcare Providers/BLS Certification/Card

**Dental Assisting Program (K)**

o At least 18 years old with aHigh 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)
* Drug Screen on request

 o LSC Health History Form/College Physical

o Valid **American Heart Association** CPR for Healthcare Providers/BLS Certification/Card

**Patient Care Technician(PCT) Program(CC/K/NH/T)**

**(Includes the Certified Nurse Aide Program, Phlebotomy Program for PCT, 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.castlebranch.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)

 Drug Screen on request

* LSC Health History Form/College Physical
* Valid **American Heart Association** CPR for Healthcare Providers/BLS Certification/Card

**Sterile Processing Program (T)**

* 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.castlebranch.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)

 Drug Screen on request

* LSC Health History Form/College Physical
* Valid **American Heart Association** CPR for Healthcare Providers/BLS Certification/Card

**Notes:**

**Clinical Paperwork Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Sticks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C N A Testing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**File Reviews (Date and Initial): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Medical Assistant (CC)**

* 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.castlebranch.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)

 Drug Screen on request

* LSC Health History Form/College Physical
* Valid **American Heart Association** CPR for Healthcare Providers/BLS Certification/Card

**Personal Trainer Program (CF/M/UP)**

o Liability Release Waiver

o Medical History Disclaimer

o Valid **American Heart Association** ‘Heartsaver’ CPR Certification/Card

**EKG Monitor Technician (K/M,T)**

There are currently no requirements for this program.