Midland College Nurse Aide Program

Last Name ____________________________ First Name ____________________________ Middle Name ____________________________

Social Security Number ____________________________ Date of Birth ____________________________ Student ID ____________________________

Street Address ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

Email Address ____________________________ Phone Number ____________________________

How did you hear about this course? ___________________________________________________________

Do you have a Canvas Account? _______________________________________________________________

The following information is requested by the State of Texas for reporting purposes:

Sex: _____ Male _____ Female

Ethnicity: _____White _____Black _____Hispanic _____Asian _____American Indian _____Other

Highest Level Education: _____Continuing Education Student _____GED _____High School Grad

_____Associate Degree _____Baccalaureate/+

Course #s: NURA1001.HS _______________________ NURA1060.HS _______________________

Class Start Date: ___________________ Clinical Start Date:_________________

Registration Requirements: Forms:

_____ Must be 18 yrs. old _____ Policies

_____ Photo ID or Driver’s License. & Social Security Card _____ Background Check

(Must be the same on both) _____ PLN

_____ CPR Certification – within the last 2 years

Must be American Heart Association Basic Life Support

Immunizations:

_____ Tetanus (Tdap or Td) must be within last 10 yrs. _____ Registered

_____ MMR If born after 1957, must have 2 shots _____ Paid (cash check cc m/o A/R)

_____ Varicella (chicken pox) 2 doses _____ Background Check

_____ Hepatitis B series all 3 completed before registration _____ Employability Check

_____ Tuberculosis (TB) test (negative) must be within last 12 months

_____ Flu during flu season (October – March)

_____ Covid (if Required)
Professional Licensing Notice

Student ID#: ____________________
Student DOB: ____________________

Completion of Midland College degrees and/or certificates does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of the specific discipline. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol or a previous denial of a licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. Some programs require a criminal background check and urine and drug screen.

I have read and understand the statement above.

__________________________________________
Print Name

__________________________________________
Signature

__________________________________________
Date
Criminal Background Check

It is a state requirement that a criminal background check be conducted prior to students entering selected clinical settings dealing with children and individuals with mental illness, mental retardation, or physical limitations. Be aware that if you have had a misdemeanor or felony conviction (other than a minor traffic violation) you may not be able to go to certain clinical facilities and may not be able to complete your health science program.

In order to do a background check, the following information is required:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Gender</th>
<th>Social Security Number</th>
</tr>
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</table>

Signature Date
Health Sciences Continuing Education

Cell Phone Policy:
- Out of courtesy to instructors and students, it is the policy of the Health Sciences Continuing Education Department that use of cell phones in the classroom is prohibited unless accessing instructor designated digital material.
- This becomes an interruption for everyone in the class and will not be tolerated by the HSCE Department.
- If there is an emergency event in your family, you need to do the following:
  1. Notify your instructor of such event.
  2. Put your phone on vibrate.
- There are breaks throughout the class period that will allow you to check your messages.

Refund Policy:
- 100% Canceled Course ~100 % prior to first class day~ 80% prior to second scheduled class day
  No Refund after the Second Day of Class
- Students will not receive a refund for a one-day course/seminar if they drop on the day of the class or do not attend.
- It is the student's responsibility to cancel their registration.
- All refunds are subject to a $10.00 processing fee.
- Allow 30 days for processing.
  No cash refunds will be issued.

Grievance Policy:
- A Student that has a grievance may take the following steps to resolve the issue:
  Step 1: Contact your instructor and submit the grievance in writing.
  Step 2: Contact the Director of Health Science Continuing Education with a written submission of the grievance. The office of the director is located in the Advanced Technology Center at 3200 W. Cuthbert.
  Step 3: Contact the Dean of Distance Learning and submit your grievance in writing. This office is located on the Midland College Campus located at 3600 N. Garfield in the Aaron Medical Science Building.
- Refer to Midland College's policy regarding grievances in the Student Rights & Responsibilities.

I have read this form, understand it completely and will comply with the rules and regulations of Midland College Health Sciences Continuing Education.

______________________________
Printed Name

______________________________
Signature

______________________________
Date
## Immunization Information

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dosage Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>3 dose series-#2 at least 4 weeks after #1, dose #3 at 5 months after dose #2.</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>1 dose annually, inactivated intramuscularly or live attenuated vaccine intranasal.</td>
</tr>
<tr>
<td><strong>MMR(LIVE)</strong></td>
<td>HCP born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td><strong>Varicella (Chickenpox)(Live)</strong></td>
<td>For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
<td>Give a dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy. Give TD booster every 10 years thereafter. Give IM&gt;.</td>
</tr>
<tr>
<td><strong>Meningococcal (Not During Preg)</strong></td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of N. meningitides and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.</td>
</tr>
<tr>
<td>TB Skin Test</td>
<td>Mantoux Tuberculin Skin Test is performed by injecting a small amount of fluid into the skin in the lower part of the arm. You must return within 48 to 72 hours to have it read and return the report. Test is only given on M-TU-F and read three days later.</td>
</tr>
</tbody>
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**Midland Health & Senior Services**

Bring copy of Shot record & insurance card if you have one.

The state will NOT turn away someone if they cannot pay.

Kingsway Center (Midkiff & Illinois)

They file for private insurance now.

3303 W. Illinois, Suite 22

16 to 18 years pay $20.00 for all immunizations.

Midland, TX 79703

They do have administrative fees.

432-681-7613

Prices differ for each circumstance.

**Other options:**

<table>
<thead>
<tr>
<th>Preferred Medical Clinic</th>
<th>NO-MMR or VARICELLA</th>
<th>TB $50.00</th>
<th>Tdap $50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 Andrews Hwy</td>
<td></td>
<td>Influenza(FLU) $25.00</td>
<td>Hepatitis B $90.00 each</td>
</tr>
<tr>
<td>Midland, TX 79701</td>
<td></td>
<td>Meningococcal $150.00</td>
<td></td>
</tr>
<tr>
<td>432-520-5678</td>
<td></td>
<td></td>
<td>*Prices Subject to Change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEB Pharmacy</th>
<th>Recommended Time:</th>
<th>Influenza (FLU) $37.00</th>
<th>Tdap $54.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>3325 W. Wadley Ave</td>
<td>10-3, Monday - Friday</td>
<td>Hepatitis B $75.00 each</td>
<td>Varicella $140.00</td>
</tr>
<tr>
<td>Midland, TX 79707</td>
<td></td>
<td>MMR $94.00</td>
<td>Meningococcal $130.00</td>
</tr>
<tr>
<td>432-697-1484</td>
<td></td>
<td>Other injections available</td>
<td>*Prices Subject to Change</td>
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</tbody>
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**12/15/21**