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/+  

Office Records

Course #s: NURA1001.HS NURA1060.HS

Class Start Date: ___________________ Clinical Start Date: ___________________

Registration Requirements:

_____ Must be 18 yrs. old

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

(Must be the same on both)

_____ CPR Certification – within the last 2 years

Must be American Heart Association Basic Life Support

Immunizations:

_____ Tetanus (Tdap orTd) must be within last 10 yrs.

_____ MMR If born after 1957, must have 2 shots

_____ Varicella (chicken pox) 2 doses

_____ Hepatitis B series all 3 completed before registration

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

_____ Flu during flu season (October – March)

_____ Covid (completed series)

Forms:

_____ Policies

_____ Background Check

_____ PLN

_____ FERPA

_____ Registered

_____ Paid (cash check cc m/o A/R)

_____ Background Check

_____ Employability Check
I have read, understood, and will comply with the Health Sciences Continuing Education Student Policy Handbook (which can be found at: https://www.midland.edu/continuing-education/documents/hsce-student-handbook.pdf).

__________________________
(Student Printed Name)

__________________________  ____________________
(Student Signature)          (Date)
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
Midland College
Health Sciences Continuing Education
Release of Information Form

Clinical Agencies require proof of compliance with health and safety requirement. The HSCE program director or their designee will provide this information to the clinical agencies which request that such information be provided.

I, ________________________________, do hereby authorize the Midland College Health Sciences Continuing Education department to release any of the following information to clinical agencies as requested:

- [ ] Criminal Background Check Results (if applicable)
- [ ] Drug Test Results (if applicable)
- [ ] Proof of Immunization Records
- [ ] Lab Testing Results (such as blood titers indicating immunity to communicable diseases)
- [ ] Proof of CPR Training
- [ ] Proof of Insurance Coverage
- [ ] Date of Birth

I understand that this authorization will expire when I am no longer enrolled in any Health Sciences Continuing Education classes.

Name of Student (please print) _______________________________________
Signature of Student                    _______________________________________
Date                                                _______________________________________
Program of Study                         _______________________________________
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>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Gender</th>
<th>Social Security Number</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>
Immunization Information

<table>
<thead>
<tr>
<th>Disease</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>3 dose series #2 at least 4 weeks after #1, dose #3 at 5 months after dose #2.</td>
</tr>
<tr>
<td>Influenza</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>
</table>

**Midland Health & Senior Services**

(Midland Health Department)

Kingsway Center (Midkiff & Illinois)

3303 W. Illinois, Suite 22

Midland, TX 79703

432-681-7613

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

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

They file for private insurance now.

16 to 18 years pay $20.00 for all immunizations.

They do have administrative fees.

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 Midland, TX 79701 432-520-5678</td>
<td>Influenza(Flu) $25.00</td>
<td>Meningococcal $150.00</td>
<td></td>
</tr>
</tbody>
</table>

*Prices Subject to Change

<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 Midland, TX 79707 432-697-1484</td>
<td>10-3, Monday - Friday</td>
<td>Hepatitis B $75.00 each</td>
<td>Varicella $140.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MMR $94.00</td>
<td>Meningococcal $130.00</td>
</tr>
</tbody>
</table>

*Prices Subject to Change

April 2022