Nurse Aide Program

Name: ____________________________ Course #(#): NURA1001.__________________
Class start date: ___________________ NURA1060.__________________

Please provide copies of the following documents:

_____ Must be 18 yrs. old

_____ Photo ID or Driver's License, and Social Security Card

  *must be exactly the same on both*

_____ CPR Certification - within last 2 yrs

  *must be American Heart Association Basic Life Support*

Immunizations:

_____ Tetanus (Tdap or Td) *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 must be complete prior to registration*

_____ Tuberculosis (TB) test (negative) *must be within last 1 yr*

_____ Flu during flu season (October - March)

********** office records **********

Notes ____________________________

Forms: ____________________________
Policies __________________________
Background check __________________
PLN _____________________________

********** Registered **********

_____ Registered

_____ Paid  cash check cc m/o A/R

_____ Background check

_____ Employability Check
MIDLAND COLLEGE
HEALTH SCIENCES CONTINUING EDUCATION
COURSE/SEMINAR REGISTRATION FORM

Today's Date: ____________________

<table>
<thead>
<tr>
<th>Course Number(s)</th>
<th>Course Name</th>
<th>Course Fee</th>
<th>Course Starting Date</th>
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Social Security Number  Date of Birth  Student ID Number

Last Name  First Name  MI

Street Address  City  State  Zip Code

Home/Evening Phone  Cell/Pager  Work/Day Phone

Email Address

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

Sex:  Male  Female
Ethnicity:  White  Black  Hispanic  Asian  American Indian  Other
Education:  Continuing Education Student  GED  High School Grad  Associate Degree  Baccalaureate/+  Other

How did you hear about this course? ____________________

Payment Method:  $  Check  $  Cash  $  Money Order  $  Credit Card  A/R

Midland College accepts VISA, MasterCard, American Express, and Discover cards.

Refund Policy:  100% Canceled Course - 100% prior to first class day.
               80% Prior to second scheduled class meeting.
               No refund after First day of class. All refunds subject to a $10 processing fee.
               Students will not receive a refund for a one-day course if they drop on the day of the class.
               It is the student's responsibility to cancel their registration.
               All refund forms must be completed in person, allow 30 days for processing. No cash refunds will be issued.

Advanced Technology Center, 3200 W. Cuthbert, Midland, Texas 79701
(432) 681-6354  •  (432) 699-3015 Fax

Midland College is an equal opportunity employer/educator.

Midland College accredited by the Commission on Colleges of the Southern Association of Colleges and Schools toward certificates and associate and baccalaureate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Midland College.
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>
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</thead>
<tbody>
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</table>

<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>Requirements</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>**MMR(LIVE)</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>**Varicella (Chickenpox)(Live)</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>**Meningococcal (Not During Preg)</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 MOPSIV4, 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>
** | Are NOT to be administered while Pregnant |

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**Midland Health & Senior Services**

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

**Midland Health Department**
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.

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**Preferred Medical Clinic**

NO-MMR or VARICELLA

<table>
<thead>
<tr>
<th>1200 Andrews Hwy</th>
<th>Influenza (Flu) $25.00</th>
<th>Hepatitis B $90.00 each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midland, TX 79701</td>
<td>Meningococcal $150.00</td>
<td>Tdap $50.00</td>
</tr>
</tbody>
</table>

432-520-5678

**HEB Pharmacy**

Recommended Time:

<table>
<thead>
<tr>
<th>3325 W. Wadley Ave</th>
<th>Influenza (Flu) $37.00</th>
<th>Tdap $54.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midland, TX 79707</td>
<td>Hepatitis B $75.00 each</td>
<td>Varicella $140.00</td>
</tr>
<tr>
<td>432-697-1484</td>
<td>Meningococcal $130.00</td>
<td></td>
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*Prices Subject to Change

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