



CONTINUING EDUCATION & WORKFORCE DEVELOPMENT

Alvin Community College has partnered with [American DataBank](#) to provide your background check, drug test, immunization management and document management.

- ✓ [Click here to view instructions](#) for the screening process.
- ✓ There is a **\$95.99 fee** for this service, and is non-refundable even if you do not enroll into a CEWD Healthcare Program.
- ✓ Failure to submit an order will delay the entrance into a course in the ACC CEWD Healthcare programs.
- ✓ Approval/acceptance of your documents by Complio does not guarantee you a space in the program. The only way to guarantee you a space is to register, when registration is open, and make payment for the class.

**Use the following
pages to help your
American DataBank
upload go quickly and
smoothly.**

Important: As of July 28, 2016 per the amended Texas Administrative Code, Rule 97.64 Documentation of immunizations are required at the time of application and/or completed by the start of all clinical class enrollments and clinical visits to affiliate sites.

Program enrollment will not be allowed without completed immunization documentation. Vaccines administered on or after September 1, 1991 must include the mm/dd/yy, each vaccine was given.

If you have questions regarding the dates or timing of immunizations, please visit the Centers for Disease Control and Prevention <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

If you don't have your immunization records, look in these places:

- The doctor's office or public health clinic where you got your shots
 - Your family records, such as a baby book
 - Your high school
 - ImmTrac, the Texas Immunization Registry
 - A college or university you've attended, if they had immunization requirements
- Institutions where immunization records might be found usually have rules for how long they are kept, so very old records may no longer be available.*

Blood work proving immunization (titer test) may be used as replacement in documentation of immunity.

Checklist and General Information regarding Immunizations:

All applicants must provide a copy of written documentation from a physician or public health authority for:

_____ **Varicella** (Chicken pox) - Proof of either (a) a physician-documented history of the disease, or (b) documentation of two varicella immunizations (if born in 1980 or later), or (c) a serum titer confirming immunity. **Note:** The varicella injection series is a four-week process.

_____ **Hepatitis B** - Proof of either: (a) a complete three-injection series of hepatitis B vaccinations, or (b) a serum titer confirming immunity. **Note:** The hepatitis B injection series is a 4-6 month process. There must be a minimum of four weeks between the 1st and 2nd immunization, minimum of eight weeks between the 2nd and 3rd immunization, and a minimum of sixteen weeks between the 1st and 3rd immunization.

_____ **Measles** - Proof of either: (a) two doses of measles vaccine on or after first birthday, or (b) a physician-documented history of disease, or (c) a serum titer confirming immunity. **Note:** Students born before Jan. 1, 1957 are exempt from the measles requirement. There must be at least four weeks between the first and second measles vaccination.

_____ **Mumps** - Proof of either: (a) one dose of mumps vaccination on or after first birthday, or (b) a physician-documented history of disease, or (c) a serum titer confirming immunity. **Note:** Students born before Jan. 1, 1957 are exempt from the mumps requirement.

_____ **Rubella** - Proof of either: (a) one dose of mumps vaccination on or after first birthday, or (b) a physician-documented history of disease, or (c) a serum titer confirming immunity. **Note:** All students are required to show proof of rubella.

*****Combined MMR vaccine is vaccine of choice if recipients are likely to be susceptible.*****

_____ **Tetanus** (TdaP) - Proof of tetanus vaccination within the last 10 years.

_____ **Tuberculosis** (TB) - Proof of TB test (PPd skin test or chest x-ray) with a negative reading. Must be within 12 months prior to start of clinical course

ACC CEWD Healthcare Programs

NOTE: While confidentiality of this information will be maintained, full health information disclosure is necessary for the student's protection as well as that of others.

1. Medical History:

Y	N	Rheumatic fever	Y	N	Menstrual disorders	Y	N	Joint disease
Y	N	Back injuries	Y	N	Epilepsy	Y	N	Cardiovascular disease
Y	N	Hay fever	Y	N	Diabetes	Y	N	Eye/Vision Impairment
Y	N	Frequent colds	Y	N	Tuberculosis	Y	N	Thyroid disease
Y	N	Anemia	Y	N	Asthma	Y	N	Ulcer/colitis
Y	N	Hypertension	Y	N	Frequent headaches	Y	N	Other (please describe)

Y N **Currently pregnant?** *If yes, expected DUE DATE is _____*
You must provide attending OB/GYN or Physician's release on below Functions

If you have physical limitations, please review with the Program Coordinator or the Director of CEWD Healthcare the Essential Functions of the program you plan to enroll in.

*If you have a chronic illness, you must have **your physician of record** review the requirements below and clear your examination*

*If you take medications for a chronic illness, you must have **your physician of record** clear your examination.*

Have you seen the student/patient prior to today's examination?	Y	N	_____Initial
Are you the student's/patient's Primary Care Provider?	Y	N	_____Initial
Was the above information completed by the student/patient prior to your examination?	Y	N	_____Initial

Height		Weight	Pulse	B/P	Vision Corrective Lens? Y N
					R / L /
SYSTEM	NORMAL	SYSTEM	NORMAL	FUNCTIONS (N/A is NOT acceptable)	
Heart		Ears		Gross motor skills (reach, stoop, move)	
Eyes		Abdomen		Fine motor skills (squeeze w/ fingers)	
Skin		Reflexes		Physical endurance (push/pull/lift 50+ pounds)	
Neck		Musculoskeletal		Physical endurance (stand for long periods)	
Lungs		Balance		Mobility (respond rapidly, move independently)	

I examined _____ and found him/her to be in _____ health.
(Student /Patient Name) (poor, fair, average, good, excellent)

Date _____

NOTIFICATION TO STUDENT- HB1508

Please review the below chart of CEWD Health Care program information. Per the requirements of House Bill 1508, make note of limitations of licensing or employment due to offenses of your background check. This new statute requires that any educational institution offering a program that prepares a student for an occupational license be notified of the below four items in order to comply with the statute:

1. The potential ineligibility of an individual who has been convicted of an offense for issuance of an occupational license upon completion of the program;
2. Current guidelines by any licensing authority that may issue an occupational license to an individual who completes a program;
3. State/local guidelines used by a licensing authority to determine eligibility for a license;
4. The student's right to request a criminal history evaluation letter.

Program Name	Exam Costs/Licensing Information	Website
Certified Nursing Assistant	\$85.50 - Department of Aging & Disability Services/Texas Health and Human Services	https://www.hhs.texas.gov/business/licensing-credentialing-regulation
Clinical Medical Assistant	\$90 - National Center for Competency Testing (NCCT) - Online registration testing within 6 months of graduation or \$135 after 6 months of graduation. \$20 Test sitting fee at ACC	https://www.ncctinc.com/
Phlebotomy Technician	\$129 NHA Certified Phlebotomy Technician after 80 hours/30 documented sticks	https://www.nhanow.com/
Dental Assistant	\$70 (1064 class fee) online with UT Dental School, San Antonio \$36 TX State Board of Dental Examiners Online Application with \$15 Passport Photo \$5 National Practitioner Data Bank (NPDB) Self-Query Report & \$39 IdentoGO Fingerprinting = \$95 for Licensing	https://tsbde.texas.gov/licensing/fingerprint-criminal-background-check/ https://tsbde.texas.gov/licensing/criminal-history-evaluation/
Medical Office Billing	Student may independently pursue once they work 2 years in the field	Recommended at: https://www.aapc.com/certifications/cpb
Medication Aide for Nurse Assistant	\$25 - Department of Aging & Disability Services/Texas Health and Human Services	https://www.hhs.texas.gov/business/licensing-credentialing-regulation

Due to the merging of many departments within the State of Texas, please take the time to review the website for your licensing authority prior to enrolling into a Continuing Education Health Care program. Students who have been convicted of a felony must contact the appropriate credentialing agency to determine eligibility. Many agencies have a criminal history evaluation. If there is no criminal evaluation and you have had a prior conviction, it may be difficult to find employment in the health care industry.

I have read this information sheet and understand it is my responsibility to ensure no issues regarding my criminal history limit me from gaining the respective licensing.

Student Printed Name

Student Signature

Date

Program



COVID Vaccination Exemption Guidelines for Alvin Community College

Alvin Community College (ACC) does not mandate the COVID vaccine(s) for its employees or students. Student admission to the College and acceptance into a selective admission programs is not contingent upon COVID vaccination.

Since the majority of ACC's selective admissions programs require clinical experiences in regional healthcare facilities, students must be aware of each facility's right to mandate COVID vaccination for its employees, faculty, and students. COVID vaccines are strongly encouraged for the safety of those in selective admission programs, although a medical or religious exemption may be requested by faculty and students. Approval of an exemption by the College and clinical facility is not guaranteed, nor is clinical placement of unvaccinated students ensured since an alternate clinical site may not be available.

If a student or clinical faculty member requests a medical exemption, submitted documentation must include a medical provider's signature. If a religious exemption is requested, documentation must include a detailed explanation of the sincerely held religious belief, practice, or observance that would prevent COVID vaccination. Requests for exemptions will be reviewed by the Director of the program and, if approved, appropriate documentation will be submitted to the clinical facility to verify the approved exemption and request facility approval for clinical placement. If clinical placement is approved by the facility, the requestor will be notified of the decision by the Program Director.

Faculty requests for exemptions will be processed by the Program Director, although records will be maintained by Human Resources in the employee's confidential personnel file.

Student requests for exemptions will be processed by the Program Director and records will be confidentially maintained in appropriate program files.

If a student or faculty member wishes to appeal an exemption decision, the requestor must first meet with the Program Director to discuss the reasons for denial. If resolution is not reached, the student or faculty member may initiate a formal appeal through email submission to the appropriate Dean. The submission must include a copy of the original exemption request and a letter explaining details of the appeal request. The Dean will provide a written response to the student or faculty member with a decision within five College business days.

The student or clinical faculty member shall be permitted to appeal the Dean's decision by submitting the original request for exemption, the written response from the Dean, and any additional information to the Vice President of Instruction. Upon receipt of the exemption appeal, the Vice President of Instruction will determine if the exemption meets the requirements set forth by ACC. If the appeal does not meet the requirements, the Vice President of Instruction will notify the student in writing within five College District business days. The decision of the Vice President of Instruction will be final.

01/27/2022

Printed Name

Signature

Date