



## CONTINUING EDUCATION & WORKFORCE DEVELOPMENT

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

- ✓ [Click here to view instructions](#) for the screening process.
- ✓ There is a **\$90 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 Viewpoint 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 Viewpoint  
Screening 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 1<sup>st</sup> 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

**Medical History & Physical Exam Form****ACC CEWD Healthcare Programs****Student/Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_*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.***To be completed by Student PRIOR TO PHYSICAL EXAM VISIT****1. Medical History:**Please answer the following for any condition which you have received medical treatment within the **past five years**:

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)

Date of last Eye Exam?        /        /        Date of last Dental Exam?        /        /

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

Y N	<b>Physical limitations?</b>
	<i>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.</i>

	<b>Chronic illnesses? (describe)</b>
	<i>If you have a chronic illness, you must have <b>your physician of record</b> review the requirements below and clear your examination</i>

	<b>Current medications? (list)</b>
	<i>If you take medications for a chronic illness, you must have <b>your physician of record</b> clear your examination.</i>

**To be completed by Primary Care Provider**

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

**2. Physical Examination:**

The Primary Care Provider is requested to make a complete physical examination of the student and note any deviations from normal.

Height	Weight	Pulse	B/P	Vision	Corrective Lens?	Y	N
				R	/	L	/
<b>SYSTEM</b>	<b>NORMAL</b>	<b>SYSTEM</b>	<b>NORMAL</b>	<b>FUNCTIONS (N/A is NOT acceptable)</b>			<b>NORMAL</b>
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)			

Describe any deviations from normal:

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

<b>Provider's Name (Please Print)</b>			<b>Provider's Signature (Please Sign)</b>		
Office Address (Street)			Telephone		
City	State	Zip	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	<a href="https://www.hhs.texas.gov/business/licensing-credentialing-regulation">https://www.hhs.texas.gov/business/licensing-credentialing-regulation</a>
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	<a href="https://www.ncctinc.com/">https://www.ncctinc.com/</a>
Phlebotomy Technician	<del>\$129</del> NHA Certified Phlebotomy Technician after 80 hours/30 documented sticks	<a href="https://www.nhanow.com/">https://www.nhanow.com/</a>
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 <b>= \$95 for Licensing</b>	<a href="https://tsbde.texas.gov/licensing/fingerprint-criminal-background-check/">https://tsbde.texas.gov/licensing/fingerprint-criminal-background-check/</a>  <a href="https://tsbde.texas.gov/licensing/criminal-history-evaluation/">https://tsbde.texas.gov/licensing/criminal-history-evaluation/</a>
Medical Office Billing	Student may independently pursue once they work 2 years in the field	Recommended at: <a href="https://www.aapc.com/certifications/cpb">https://www.aapc.com/certifications/cpb</a>
Medication Aide for Nurse Assistant	\$25 - Department of Aging & Disability Services/Texas Health and Human Services	<a href="https://www.hhs.texas.gov/business/licensing-credentialing-regulation">https://www.hhs.texas.gov/business/licensing-credentialing-regulation</a>

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.***

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Student Printed Name

Student Signature

Date

Program