HOW TO COMPLETE YOUR MANDATORY HEALTHCARE PROGRAM COMPLIANCE DOCUMENTATION FOR BACKGROUND CHECK, RECORDS AND IMMUNIZATION.

Step 1: Register for your GE Student Check Package: Background Check and Immunization Tracking
Go to [www.mystudentcheck.com](http://www.mystudentcheck.com) and type 'Galveston College- CE- OPEN' in the program field then select the program you are applying for in the 'Program' dropdown menu.

- Select Background Check AND Immunization Tracking then click 'Start Application'.

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![Image of the GE Student Check Package](image_url)

**Background Information**
- If you are ordering a background check please make sure you have the following information prior to continuing:
  - Social Security Number or Alternate ID Number
  - 7 years of residential history
  - Valid email address

**Expected Timeline**
- Background Check: Typically completed within 3-5 business days.
- Drug Testing: Results are available within 24-48 hours of specimen collection.
- Immunization Tracking: Your documents will be verified within 48 hours.

**Confirmation**
- You will receive a confirmation paper copy upon successful submission of your order via email.

**Delivery**
- Your background report and/or drug test results will be available for your review within your profile.

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**School and Program**
- Galveston College - CE - OPEN

**Select Services**
- Background Check
- Immunization

**Start Application**
Step 2: Create your account: **BE SURE TO USE YOUR LEGAL NAME**
Step 3: You will then go through a series of 4 different consent & or disclosure forms, please click the box and sign at the bottom of each page.

Step 4: Enter your personal information, for student ID please enter your **Galveston College Student ID** and the year your program starts,
Step 5: Enter any previous names you may have had

Please provide any other names you have used. These can be maiden names, married names, AKA’s, nicknames, etc. Please also list the years in which you used these names.

Step 6: List your know addresses for the last year starting with your current, be sure to check the boxes. Add additional residences here. (list any residences for the last 7 years)

Step 7: List any criminal convictions you have. (criminal records do not necessary bar you from entry in CE programs) be sure to click yes or no.
Step 8: Use your Mouse to sign the authorization screen

Step 9: A pop up of your rights will open up on screen. You may print them off for your records. Please close window when done reading

Step 10: Pay

Once you have completed payment you will be sent an email that your account has been created and your background check is now in progress.
**Step 11:** Go to: https://mysentrymd.com/sentrymd.html#/upload/60, from this screen you will fill out all the fields and then click on the file or your documents that have been scanned. If you are unable to upload or you get an upload error you may email the PDF documents to GC@sentrymd.com.

***** If you have access to a scanner you may upload these documents as you have them. If you are needing the CE offices to scan your items, Please collect ALL your documents listed below and we will be happy to bundle them into a PDF for you to upload.

**NOTE:** This screen does not give you a message saying you are complete, you will only know if your files are submitted by the email you receive. **PLEASE CHECK YOUR EMAILS**

Once you have them uploaded you will be sent an email confirming your submission and status within 24 business hours.

**NOTE:** There are two accounts to log into to check your application status. Both of these use the email address and password you initially created in step 2.

1. Background status can be checked at www.mystudentcheck.com
2. Immunization and records compliance can be viewed at https://mysentrymd.com/sentrymd.html#/home
GATHER THE FOLLOWING DOCUMENTS LISTED BELOW FOR THE PROGRAM YOU WISH TO APPLY FOR

Review and submit your health requirements:
The following documentation is required for admission into the Continuing Education Healthcare Programs at Galveston College. The documentation listed below must be submitted to the CE Office or uploaded to Sentry MD as a PDF document to the Secure Upload Link at https://mysentrymd.com/sentrymd.html#/upload/60 or as a PDF attachment emailed to GC@sentryMD.com at least 1 week prior to class start date. The cost for creating a Student Check account is not included in your course tuition and varies per program. The penalty for falsifying information on this application is immediate withdrawal without a refund.

### Required Documentation for CE HEALTHCARE Programs

<table>
<thead>
<tr>
<th>Item</th>
<th>Nurse Aide</th>
<th>PHLEB.</th>
<th>EKG</th>
<th>Patient Care Tech</th>
<th>Massage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELEASE FORM:</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Must be a signed state ID</td>
</tr>
<tr>
<td>Copy of Photo ID</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Copy of Social Security Card</td>
<td>Required</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td>Required</td>
<td>May be ITIN residency card</td>
</tr>
<tr>
<td>Transcripts/GED *</td>
<td>Required*</td>
<td>Required*</td>
<td>Required*</td>
<td>Required*</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Copy of Healthcare providers CPR Card</td>
<td>Required*</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>*included in course, must still be uploaded</td>
</tr>
<tr>
<td>Parental Release for Background Check</td>
<td>Required*</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>Required*</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required*</td>
<td>*Fingerprints may be required soon</td>
</tr>
<tr>
<td>HIPPAA Training Modules</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employability Status Check</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Exam Form *</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>TB Skin Test</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Chest X-ray (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMMUNIZATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDAP (tetanus, diphtheria, pertussis)</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Series * (may be a 2 or 3 series)</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>* Series</td>
</tr>
<tr>
<td>Flu (Influenza) vaccine *</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>* Exempt summer only</td>
</tr>
<tr>
<td>Varicella date of infection will suffice *</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>* Or Date/Year of Chicken pox</td>
</tr>
<tr>
<td>Meningitis *</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>* Massage Therapy (If under age 22 years)</td>
</tr>
</tbody>
</table>
Clarification on Immunizations:

### Immunizations

<table>
<thead>
<tr>
<th>Bacterial Meningitis</th>
<th>Only needed from students under 22 who are enrolled in Massage Therapy Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>A series of immunizations (may be 2 or 3) and/or documentation of a positive titer 4-6 weeks after the third immunization. Request the TWINRIX Hep A &amp; B combo vaccination accelerated dosing schedule that requires 3 doses over a 30-day period (second dose 7 days after the first and third dose 21-30 days after the first) and a final booster 12 months after the first dose. Receiving the first 3 initial doses satisfies the state policy for our students. Keep in mind that to be fully protected and to remain in compliance for employment purposes, the 3rd dose should be completed on schedule. Depending on the brand students will either have a 2-dose or 3-dose series. Students must complete all doses prior to clinical. If a titer is non-immune you will need to repeat the HepB vaccine series.</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>Proof of one dose within the last year is required. You must have a note from a medical doctor if you are not able to take this immunization.</td>
</tr>
<tr>
<td><strong>MMR</strong>= Measles, Mumps, Rubella</td>
<td>Measles (Rubella or Red Measles): If you were born in or after 1957, you must have either documentation of two doses of measles or two doses of MMR vaccine (separated by at least 30 days) after 12 months of age OR a titer result adequate to indicate immunity. Mumps: If you were born in or after 1957 you must have either documentation of one dose of Mumps or MMR vaccine after 12 months of age OR a titer result adequate to indicate immunity. Rubella (German Measles): Required for all students. You must either have documentation of one dose of MMR vaccine after 12 months of age OR a titer result adequate to indicate immunity. NOTE: A report of illness DOES NOT meet requirements for Measles, Mumps, or Rubella. You must provide dates of immunizations or positive titer reports. If a titer is non-immune you will need to repeat the MMR vaccine series.</td>
</tr>
<tr>
<td><strong>Tdap</strong>= Tetanus, Diphtheria, Pertussis</td>
<td>One dose of Tdap replacing one decennial Td booster for all students or a single dose at an interval of two years from the last Td for all students who will have patient contact or be present in a clinical setting during their educational program. NOTE: A dose of Tetanus/Diphtheria (Td) within the last ten years will be accepted for students who have no Patient contact and will not be in a clinical setting during their educational program.</td>
</tr>
<tr>
<td><strong>Varicella= Chickenpox</strong></td>
<td>You must have two immunizations, a report of a positive titer, or report a date of illness. NOTE: This is the ONLY immunization that may have a date of illness reported as documentation of the satisfying requirement. If a titer is non-immune you will need to repeat the Varicella vaccine series.</td>
</tr>
<tr>
<td><strong>TB= Tuberculosis</strong></td>
<td>TB Skin Test (PPD): You must have proof of a negative reading within 1 to 2 months of the clinical. A TB Skin Test is also required on an annual basis while enrolled OR proof of a titer positive for antibodies OR if you have a history of a positive PPD. A Chest X-ray is required ONLY if there is a history of a positive PPD Test reading. You must provide documentation of the positive PPD Test reading and a negative Chest X-ray reading taken after the date of the reported positive PPD Test reading. The Chest X-ray needs to be updated every two years.</td>
</tr>
</tbody>
</table>

**Criminal History Check:**

All Students must have a satisfactory criminal history, this is obtained through Student Check at [www.mystudentcheck.com](http://www.mystudentcheck.com).

The following may disqualify a student from the Continuing Education Healthcare Programs at Galveston College (GC) Programs: felony convictions, misdemeanor convictions involving crimes against persons: felony deferred adjudications for the sale possession, distribution, or transfer of narcotics or controlled substance; and registered sex offender, etc. Students with a positive criminal history check must complete and submit their criminal history check report to the Director of CE for additional evaluation is necessary to determine eligibility into the GC program and access to clinical sites. This process can take several weeks, so please do not delay. If a student is ruled ineligible for a GC program, the money spent on a criminal history check and with Student Check is non-refundable. If the student has any concerns with their criminal history, before enrolling we encourage the student to print at a minimal fee a less detailed report at [https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/](https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/)
RELEASE FORM:
This page must be signed and uploaded as a PDF to https://mysentrymd.com/sentrymd.html#/upload/60 or emailed as a PDF attachment to GC@SentryMD.com.

• I, (print name)_________________________________________, in caring for patients during my clinical rotations and/or in classroom exercises hereby release and discharge Galveston College Employees from all liability to me for all injury, exposure, or damage arising from health risks of caring for patients during my clinical rotation, or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (including blood borne pathogens or personal injury. I am aware of the health risks for caring for such patients.

• I am aware that it is required that I meet the immunization requirements prior to my clinical rotations (if applicable) I understand that I will not be allowed to enter the clinical facility or treat patients/clients if I do not have the required immunizations.

• I consent to having my personal immunization and health records shared with the clinical sites, and understand that my academic performance in this program may be shared with any agency funding my tuition.

• I understand that pursuant to Texas HB 1508 that I may be ineligible for licensing and/or certification should I have a criminal history check. I understand that should I have any questions or concerns regarding my eligibility that it is my responsibility to bring them to the attention of the Continuing Education (CE) Office prior to enrolling in the course.

• I hereby release Sentry MD from all liability to obtain and store my Social Security Card and health related documents in my Sentry MD online account.

• I have reviewed this immunization history for completeness and agree to release the required information to authorized members of the Galveston College staff and authorized staff of cooperating clinical agencies, as directed by GC throughout the duration I am enrolled.

I certify that I have read the above statements and I agree and understand the above statements. Once accepted and enrolled in the CE Healthcare Program, I agree to abide by the rules set forth by Galveston College and the Healthcare Program.

Student Signature: ___________________________________________ Date: _____________________

Parent Signature : ___________________________________________ Date: _____________________
(if student is under the age of18)
Physical Exam Release: This must be uploaded as a PDF to https://mysentrymd.com/sentrymd.html#upload/60 or emailed as a PDF attachment to GC@sentryMD.com.

STUDENT INFORMATION:

Last Name: _______________________________ First Name: ___________________________ MI: ______________

Sex (circle one): Male  Female  Other  Date of Birth: ________________________________

HEIGHT: ___________________________ WEIGHT: ___________________________ AGE: __________________

PULSE: ____________________________ BP: (s) ____________(d) ____________ TEMP: ______________

List any medications currently taking:

List any permanent medical conditions or physical limitations that may limit this student’s ability to serve as a Healthcare provider:

TB SKIN TEST (must be within 6 months): _____Pos  _____Neg  Date Read: ___________
Chest X-ray (required if positive skin test): _____Pos  _____Neg  Date Read: ___________

I certify that I have examined this individual and they are suitable for both physically and mentally to serve as a Healthcare Provider.

Signature: ________________________________ M.D.
Address: __________________________________
Phone #: ________________________________