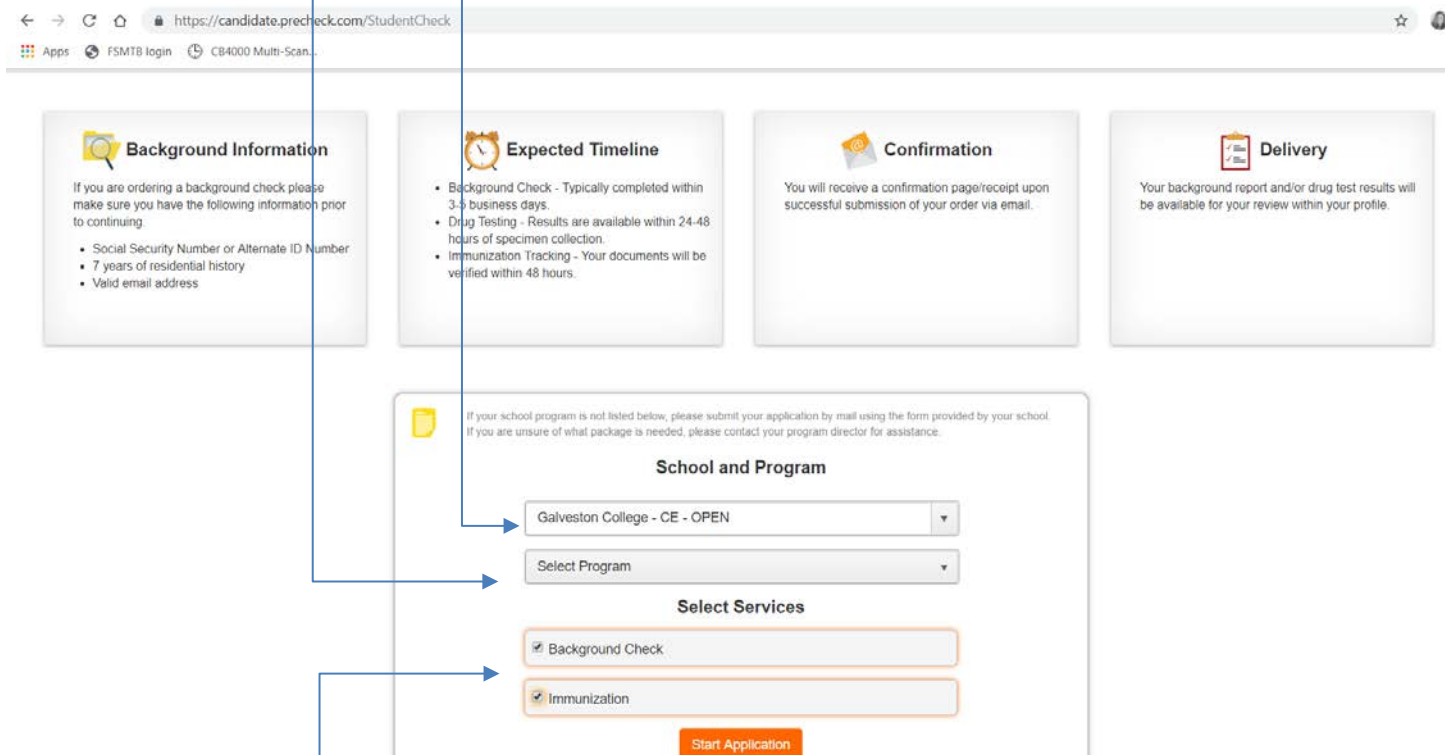


HOW TO COMPLETE YOUR MANDATORY HEALTHCARE PROGRAM COMPLIANCE DOCUMENTATION FOR BACKGROUND CHECK, RECORDS AND IMMUNIZATION.

Step 1: Register for your GE Student Check Package: Background Check and Immunization Tracking

Go to www.mystudentcheck.com and type 'Galveston College- CE- OPEN' in the program field then select the program you are applying for in the your program from the 'Program' dropdown menu.



The screenshot shows a web browser window with the URL <https://candidate.precheck.com/StudentCheck>. The page is divided into four main sections: Background Information, Expected Timeline, Confirmation, and Delivery. Below these sections is a form for selecting a school and program, and then selecting services. The form includes a dropdown menu for 'School and Program' with 'Galveston College - CE - OPEN' selected, a dropdown menu for 'Select Program' with 'Select Program' selected, and two checkboxes for 'Select Services' with 'Background Check' and 'Immunization' both checked. A 'Start Application' button is located at the bottom of the form.

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 page/receipt 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.

If your school program is not listed below, please submit your application by mail using the form provided by your school. If you are unsure of what package is needed, please contact your program director for assistance.

School and Program

Galveston College - CE - OPEN

Select Program

Select Services

Background Check

Immunization

Start Application

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

Step 2: Create your account: BE SURE TO USE YOUR LEGAL NAME

If you have previously created a StudentCheck profile, please login.

If you have not created a profile, please enter the information.

Sign In

Username

Password

Sign In

[Forgot Password?](#)

OR

Your StudentCheck Profile will allow you to track and view the progress of your background check and drug test results. It will also allow you to upload immunization records, share information with schools & clinical sites, and get a copy of your receipt.

Create Account

First Name

Middle Name

No Middle Name

Last Name

Email Address

Confirm Email Address

Password

Confirm Password

- Your password must:
- Be at least 8 characters in length.
 - Contain at least 1 uppercase letter.
 - Contain at least 1 number
 - Contain no special characters

Create

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.

By checking this box, you acknowledge that you have read and you understand the Disclosures and are ready to proceed to the next screen.

In the box below, please apply your signature by typing in your first and last name exactly as it appears on this document.

Student Test

Signed from IP Address: 207.80.150.3 , Date/Time: 5/9/2019 12:30:35 PM

Step 4: Enter your personal information, for student ID please enter your Galveston College Student ID and the year your program starts,

First Name Student	Middle Name N/A <input type="checkbox"/> No Middle Name	Last Name Test	Phone ex. (123) 456-7890
Date of Birth Jan 1 2000	Confirm Date of Birth Jan 1 2000	Email Address profstout@gmail.com	Confirm Email profstout@gmail.com
Identification			
Social Security Number 555-55-5555	Confirm SSN 555-55-5555	<input type="checkbox"/> I do not have a Social Security Number.	
Driver License			
Name on Driver License student test	Driver License State TX	Driver License Number 12345678	
Immunization Tracking			
Student ID 0555555	Start Year 2019	Graduation Year 2020	<input type="checkbox"/> Campus Resident?

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.

+ Add Other Name Used

First Name	Middle Name	Last Name	Year From	Year To
No items to display				

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)

Residence Details

Both, a current physical address and mailing address are mandatory. These may be fulfilled with the same address by marking the corresponding boxes within the address form. If they differ, a separate entry for each will be required.

This address is located outside of the United States.

Address: 4015 Ave Q

City: Galveston State: TX

ZIP Code: 77550 Country: USA

Date From: MM/YYYY Date To: MM/YYYY

Mailing Address

Current Address

Save Cancel

Please provide your residential history for the past 7 years.

+ Add New Residence

Mailing	Current	Address	City	State	ZIP Code
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4015 Ave Q	Galveston	TX	77550

1 - 1 of 1 items

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.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?*

*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed, dismissed under a first offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below. **You must review the state law information before answering.** You are also not required to disclose violations, infractions, petty misdemeanors or summary offenses.

If you answer Yes below, provide city, county, and state where offense occurred, conviction date and nature of the offense, along with sentencing information.

By selecting either "Yes" or "No" below, I am stating that I have read the applicable state notices provided above and that I provided a true and accurate statement below.

Yes No

+ Add New Record

Offense Description	Offense Date	City	State/Region	County	Country
No items to display					

Step 8: Use your Mouse to sign the authorization screen

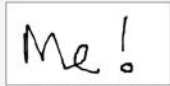
AUTHORIZATION FOR BACKGROUND CHECK

In connection with my application for enrollment and/or acceptance at Galveston College - CE - OPEN ("the School"), or placement in a clinical or healthcare related program, I hereby authorize and direct the School and/or any health care facility where I may be placed, either itself or through a third party consumer reporting agency, to obtain information about my background including investigation of criminal records, other public record information about me, my education and employment history, and any other "consumer reports" and/or "investigative consumer reports" about me. I understand this authorization will be valid until I withdraw my authorization by contacting the School in writing. I understand that clinical rotation is not employment. Furthermore, I hereby authorize, without reservation, any law enforcement agency, administrative, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck Inc., 3453 Lea Plaines Rd, Alamogordo, NM 88315, 1-888-773-2432; www.precheck.com or third party acting on behalf of the School and/or a healthcare facility where I may be placed.

I release all persons, including past employers, credit bureaus, and government agencies, from any liability or damages stemming from their having furnished such information. I also release the School and/or a healthcare facility where I may be placed receiving background information about me from any and all liability related to the preparation or use of those reports.

"By signing below, I acknowledge that I have read, I understand, and I agree to the above authorization."

You must check this box to receive and acknowledge receipt of a Summary of Your Rights Under the Fair Credit Reporting Act.




Signal from IP Address: 207.46.150.3, Date/Time: 5/3/2019 12:45:40 PM

Clear

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

Order Summary	Payment Details
<p>School:</p> <ul style="list-style-type: none">Galveston College - CE - OPEN <p>Services:</p> <ul style="list-style-type: none">Background: \$49.50Immunization: \$29.50 <hr/> <p>SubTotal: \$79.00</p> <p>Tax: \$6.52 (8.25%)</p> <p>Total: \$85.52</p>	<p style="text-align: right;"></p> <p>Type of Payment <input type="text"/> Card Type <input type="text"/></p> <p>Relationship to Cardholder <input type="text"/> Contact Number (###-###-####) <input type="text"/></p> <p>Name on Card <input type="text"/> Card Number <input type="text"/></p> <p>Expiration <input type="text"/> CVV Code <input type="text"/></p> <p>Billing Address <input type="text"/></p> <p>City <input type="text"/> State/Region <input type="text"/> Zip/Postal Code <input type="text"/></p> <p style="text-align: center;">Process Order</p>

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.

SentryMD DaVinci x +
→ ↻ https://mysentrymd.com/sentrymd.html#/upload/60

SENTRY MD

Galveston College -

Date of Birth (MM/DD/YYYY)

First Name

Last Name

Email

PDF Files

Choose Files No file chosen Remove Files

Please complete to submit: fiWQgBiR

Get New Code Submit

***** 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 of the Continuing Education Healthcare Programs at Galveston College. The documentation listed below must be submitted to the CE Office and/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

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

Clarification on Immunizations:

Immunizations

Bacterial Meningitis	Only needed from students under 22 who are enrolled in Massage Therapy Program
Hepatitis B	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 & 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 3 rd 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.
Influenza	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.
MMR= Measles, Mumps, Rubella	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.
Tdap= Tetanus, Diphtheria, Pertussis	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
Varicella= Chickenpox	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.
TB= Tuberculosis	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.

Criminal History Check:

All Students must have a satisfactory criminal history, this is obtained through Student Check at 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/>

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 #: _____