

STEP 1: COMPLETE BACKGROUND CHECK

GALVESTON COLLEGE - CE - OPEN STUDENT INSTRUCTIONS

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

GETTING STARTED

Follow this link to [MyStudentCheck \(https://candidate.precheck.com/StudentCheck?schoolId=15593\)](https://candidate.precheck.com/StudentCheck?schoolId=15593)
If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school name matches: **Galveston College - CE - OPEN**
 - Select your program from the drop down menu, and then select background check.
 - Log in with your username and password. If you do not have an existing profile, please create a new account.
 - Enter the required information, provide authorization, and continue to enter payment information.
 - If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
 - You will be provided with a receipt and confirmation page when your order is placed.
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PRICING

Background Check **\$49.50**

Applicable state sales tax will be collected based on the location of your school.

FREQUENTLY ASKED QUESTIONS

1. What does PreCheck do with my information?

Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.

2. I selected the wrong school, program or incorrect information.

Please email StudentCheck@PreCheck.com with the details.

3. Do I get a copy of the background report?

Yes, go to www.mystudentcheck.com, log in, and select Check Status.

4. I was denied entry into a program because of information on the report, who can I contact?

Call PreCheck's Adverse Action hotline at 800-203-1654.



STEP 2: SUBMIT DOCUMENTS TO C.E. OFFICE!

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. 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. The cost for your background check is \$49.50. Results are good for 1 year.

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	*Will rollout this fall possibly
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	Preferred	
MMR	Required	Required	Required	Required	Preferred	
Hepatitis B Series * (may be a 2 or 3 series)	Required	Required	Required	Required	Preferred	* Series
Flu (Influenza) vaccine *	Required	Required	Required	Required	Required	* Exempt summer only
Varicella date of infection will suffice *	Required	Required	Required	Required	Preferred	* 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 1 to 2 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 any criminal history must complete and submit their criminal history check report to the Director of CE for additional evaluation which 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 CE 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:

- I, (print name) _____, in caring for patients during my clinical rotations and/or in classroom exercises hereby release and discharge Galveston College (GC) 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 background 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 GC Continuing Education (CE) Office prior to enrolling in the course.
- 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 CE Healthcare Program.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(if student is under the age of 18)



Students entering into Health Care Pathway must meet the following minimum requirements. All Immunizations must be completed (with the exceptions marked with an * prior to the 1st day of class). Turn in your records to CE office prior to the 1st day of Class

Healthcare Program Requirements Check Off List:

Last name: _____ First name: _____ GC ID# _____ (if known)

Student's Email that they check: _____ Cell Phone#: _____

MMR (Measles, Mumps, Rubella): Student must have either prove 2 doses or Positive Serologic Tests for each.

2 doses of MMR Vaccine		Date #1	Date #2
Positive Serologic Test for MMR		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Collection Date:

Varicella (Chickenpox): Student must either prove 2 doses of the vaccine or provide documentation of infection.

Received 2 doses of Varicella Vaccine	Date #1	Date #2
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Hepatitis B: Student must prove 3 doses of the HEP B Vaccine or Positive Serologic Test

3 Doses of Hep B Vaccine	Date #1	Date #2	Date #3
Positive serologic test for Hep B antibodies	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Collection Date:	

TDAP (Tetanus, diphtheria, pertussis): Student must have a received the Vaccine within last 10 years

Must be within last 10 years	Date of Injection:
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TB (Tuberculosis): Student must have paperwork showing a negative TB Interferon-gold blood test within the last 6 months. If that test comes back positive, they must also have a chest x-ray.

Within last 6 Months	Date Given	
	Date Read	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Chest x-ray if positive skin test	Date of X-ray	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

Influenza (flu) * Students are required to have a flu shot, this is not optional. These will be administered by the teen health clinic in the



fall at the beginning of the semester.

1 Dose of flu Vaccine in current season	Date Given:
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☐ Covid-19 * We anticipate the state requiring the Covid-19 Vaccine beginning the fall of 2021, UTMB is requiring it now for all clinical students, should they resume accepting students at clinical we think vaccines will be provided by UTMB. If you have received the vaccine, please submit your documentation.

Vaccine brand	Dose Date's
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Other Required Documents:

<input type="checkbox"/> Physical Form (See Below) <input type="checkbox"/> Copy of SS or ITIN <input type="checkbox"/> Copy of State issued ID or Signed Photo School ID	
<input type="checkbox"/> GC release form Sent Via DocuSign	<input type="checkbox"/> Background check / Parental release form sent via DocuSign
<input type="checkbox"/> Healthcare providers CPR,* This will be provided by GC, but you must give copy of Card to Ms. Hernandez	



Galveston College

CONTINUING EDUCATION

409-944-1344 | CE@GC.EDU

PHYSICAL EXAM FORM

Last Name:	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date Of Birth:	Age:
Height:	Pulse:	Blood Pressure:
Weight:		
List any medications currently taking:		
List any permanent medical conditions or physical limitation that may limit this student's ability to serve as a healthcare provider:		

I, (print name) _____ certify that I have examined this individual and that they are both physically and mentally able to serve as a healthcare provider.

Signature: _____ MD NP PA Date: _____

Address of Clinic/Office:

Contact Phone #:



Documenting History of Illness: Varicella (Chicken Pox)

This form summarizes the “Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chicken Pox).” A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student’s positive history of varicella disease (chicken pox), or of a varicella immunity, is acceptable in lieu of a vaccine record for that disease. Galveston College shall accurately record the existence of any statements attesting to previous varicella illnesses or the results of any serologic tests supplied as proof of immunity. If a student is unable to submit such a statement or serologic evidence, the varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

- A serologic confirmation of varicella immunity (positive varicella IgG result).
- A written statement from an individual, physician or the student’s parent or guardian containing wording such as “This is to verify that

_____ (Printed Name of Applicant) had varicella disease (chicken pox) on or
 about _____ (Approximate Month & Year) and does not need the varicella vaccine.”

Printed name of person completing form

Signature of person completing form

Relationship to applicant

Date