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)

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.

**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](http://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 one 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

<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>DOCUMENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELEASE FORM:</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></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>Must be a signed state ID</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><em>Required</em></td>
<td><em>Required</em></td>
<td><em>Required</em></td>
<td><em>Required</em></td>
<td>Required</td>
<td>*N/A for high school students</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>*</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>*HS students only</td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>*Will roll out this fall possibly</td>
</tr>
<tr>
<td>HIPPA 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>*TB may be included</td>
</tr>
<tr>
<td>TB BLOOD TEST (Interferon Gold)</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Drug Screening (12 panel)</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Must be within 30 days of class starting</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>Preferred</td>
</tr>
<tr>
<td>MMR</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Preferred</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>Preferred</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>Preferred</td>
<td>* Or Date/Year of Chicken Pox</td>
</tr>
<tr>
<td>Meningitis *</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* Massage Therapy (if under age 22 years)</td>
</tr>
<tr>
<td>Covid-19</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td></td>
<td>not required at this time some clinical sites may want them. Please submit if you have received.</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>Hepatitis B</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 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 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>Influenza</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>MMR= 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>Tdap= 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>Varicella= Chickenpox</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 on 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>TB= Tuberculosis</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 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/](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)

TURN THIS FORM INTO CE OFFICE
<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex: ☐Male ☐Female ☐Other</th>
<th>Date Of Birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Height:</th>
<th>Pulse:</th>
<th>Blood Pressure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
**FOR YOUR RECORDS, Healthcare Program Requirements Check Off List:**

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

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
    - □ Positive
    - □ 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

- **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
    - □ Positive
    - □ 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:

- **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
    - □ Positive
    - □ Negative
  - Chest x-ray if positive skin test
    - Date of X-ray
    - □ Positive
    - □ 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

☐ 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.

<table>
<thead>
<tr>
<th>Vaccine brand</th>
<th>Dose Date's</th>
</tr>
</thead>
</table>

Other Required Documents:

☐ Physical Form (See Below)  ☐ Copy of SS or ITIN  ☐ Copy of State issued ID or Signed Photo

School ID

☐ GC release form Sent Via DocuSign  ☐ Background check / Parental release form sent via DocuSign

☐ Healthcare providers CPR,* This will be provided by GC, but you must give copy of Card to Ms. Hernandez