

## **STEP 1: COMPLETE BACKGROUND CHECK**

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### **GALVESTON COLLEGE - CE - OPEN STUDENT INSTRUCTIONS**

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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.

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#### **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](mailto: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.*

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#### **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](mailto: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 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
<b>DOCUMENTS</b>						
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 BLOOD TEST ( Interferon Gold)	Required	Required	Required	Required	Required	
Drug Screening (12 panel)		Required		Required		Must be within 30 days of class starting
Chest X-ray (if applicable)						
<b>IMMUNIZATIONS</b>						
TDAP (tetanus, iphtheria,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)
Covid-19	Preferred	Preferred	Preferred	Preferred	Preferred	Must sign waiver, if not vaccinated

**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 <sup>rd</sup> 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](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 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)

**TURN THIS FORM INTO CE OFFICE**



# 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 #:

**TURN THIS FORM INTO CE OFFICE**

## 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**

Student entering into Health Care Programs must meet the following minimum requirements. All Immunizations must be completed in their entirety before clinical or class activity with skin to skin contact. Full Legal name must be on all documents

**Healthcare Program Requirements Check Off List:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Email: \_\_\_\_\_

GC ID# \_\_\_\_\_ Phone # \_\_\_\_\_ TERM:  Fall  Spring  Summer

PROGRAM:  Nurse Aide  Phlebotomy  EKG  Massage  PCT or High School Cohort: \_\_\_\_\_

**MMR (Measles, Mumps, Rubella)**

Received 2 doses of MMR Vaccine	Date #1	Date #2
Positive serologic test- Measles	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Collection date:
Positive serologic test- Mumps	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Collection date:
Positive serologic test- Rubella	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Collection date:

**Varicella (Chickenpox- may sign attestation if had as child)**

Received 2 doses of Varicella Vaccine	Date #1	Date #2
Positive serologic test for Varicella	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Collection date:
Documented history of Infection	<input type="checkbox"/> Form completed	Date of Infection

**Hepatitis B**

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)**

Must be within last 10 years	Date of Injection:
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**TB (Tuberculosis)**

Must be 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) \*Fall/Spring semesters only**

1 Dose of flu Vaccine in current season	Date Given:
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**Covid Vaccine (Please sign form in packet if you have opted not to get the vaccine)**

Brand	Dates Given:	Dates Given:
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**Other Required Documents:**

<input type="checkbox"/> Copy of State issued and signed ID with Photo	<input type="checkbox"/> Parental Releases required	<input type="checkbox"/> Meningitis (if message and under 22)
<input type="checkbox"/> Copy of SS Card or ITIN #	<input type="checkbox"/> GC release form	<input type="checkbox"/> Physical form
<input type="checkbox"/> HIPPA Online Training Cert (massage only)	<input type="checkbox"/> TDLR employability check (done by CE staff)	
<input type="checkbox"/> Proof of GED or HS completion (nurse aide excluded)	<input type="checkbox"/> Healthcare providers CPR	
<input type="checkbox"/> Completed Background Check	<input type="checkbox"/> Needs director review Signature: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Declined

Signature of CE Instructor/staff: \_\_\_\_\_ Date: \_\_\_\_\_



## 2021-2022 COVID-19 Vaccination Procedures For Allied Health and Nursing Programs

The Galveston College Allied Health and Nursing programs do not currently require the COVID-19 vaccination. However, the majority of our clinical affiliates do require that students be vaccinated in order to do a clinical rotation at their site. Due to this mandate, we are strongly encouraging all students to be vaccinated. Any student who chooses not to be vaccinated will have extremely limited clinical options and/or may not be placed in a clinical rotation. **If the student cannot complete or be placed in a clinical rotation, the student will not satisfy the requirements to graduate from their program.** The college will not be responsible for refunding any money for clinical classes not completed due to the student's decision to remain unvaccinated. Below are links to the Galveston County Health District and UTMB Student Health COVID-19 vaccination websites where you can find locations to get your COVID-19 vaccine. If you have specific questions about the COVID-19 vaccine, please contact your health care provider.

<https://www.gchd.org/public-health-services/covid-19/covid-19-vaccines>

<https://www.utmb.edu/covid-19/employees-students#vaccine>

I \_\_\_\_\_ acknowledge the above statement and understand the options presented and their outcomes.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date