



## LVN REFRESHER

### Course Information

#### ***What classes do I have to take?***

- VNSG2033 – LVN Refresher Theory (100 hours) - Current nursing practice as related to various clinical areas. Designed for inactive nurses returning to active practice, the program focuses on nursing in the hospital setting.
- VNSG1060 –LVN Refresher Clinical (80 hours) - The clinical component of the LVN Refresher training
- HPRS2000 – Pharmacology for Health Professionals
- EMSP1019 - Cardiopulmonary Resuscitation (CPR) for Healthcare Provider\*  
\*If you have a valid AHA CPR for Health Care Provider card, you will not be required to take EMSP1019.

#### ***When is it offered/when does it start?***

- See schedule for dates and times. Schedule may be viewed online at:  
<http://www.elcentrocollege.edu/Admissions/schedule.php>

#### ***How much does it cost?***

- LVN Refresher Theory Tuition - \$520
- LVN Refresher Clinical Tuition - \$375
- Pharmacology for Health Professions - \$190
- CPR - \$60
- CPR Book - \$15
- Books - \$78; if taking Pharmacology course add approx \$100
- TB test - \$5 / Chest x-ray (if skin test is positive)- \$50
- Immunizations - \$0-139 (fees may vary by clinic, estimate below)
  - MMR – \$3 per dose at City of Dallas Public Health (2 doses may be required; 4 weeks apart)
  - Tetanus/diphtheria - \$3 per does at City of Dallas Public Health (1 dose required every 10 years)
  - Varicella/chickenpox - \$20 per dose at Garland Health Department (2 doses required; 4 weeks apart)
  - Hepatitis B - \$30 per dose at El Centro College Health Center (3 doses over a 6 month period)
- Liability insurance – Fall \$18.13 / Spring \$11 / Summer \$5
- Criminal Background Check - \$45
- Urinalysis Drug Screen - \$39
- **Total - \$1071–1634.13 (subject to change)**

#### ***Am I certified when I finish the courses?***

- You must be an LVN upon entry to the program. Upon successful completion of the course, you will receive your reactivated license from the Texas Board of Nurse Examiners.

#### ***What if my original license is from another state?***

- If your original license is from Oklahoma, our program has been approved by the Oklahoma Board of Nurse Examiners. If you have completed nursing school, but have not yet passed the NCLEX exam and are using the OBNE rule to retest upon completion of a refresher course, then you will not receive your license until you pass the appropriate NCLEX exam.

- For other states, you must call the Board of Nurse Examiners in Austin to find out what you need to do to transfer it to Texas. They can be reached at (512) 305-6809 or online at <http://www.bne.state.tx.us/>.

**Where are the classes held?**

- Theory portion and skills lab are at the Center for Allied Health and Nursing of El Centro College, and clinical is in the hospital setting. Some portions of the theory class may also be held online.

Information Sessions

**MANDATORY INFORMATION SESSION**

All potential Continuing Education Health Careers applicants will be required to attend a mandatory information session where the course, application procedures, and acceptance policies are discussed in detail. Information sessions are held at the El Centro College downtown campus; no reservation is necessary to attend. The orientation schedule for the current semester is available in the Continuing Education Office (Room A260), from the Continuing Education advisor Alma Martell at (214) 860-2262.

Please bring this information packet with you to the information session. Information sessions begin promptly, therefore, please allow extra time for parking and locating the assigned room. Individuals who are more than 15 minutes late to an information session may not have the attendance recorded and may only receive handout materials (including application forms) at the discretion of the presenter.

A map of the El Centro College campus and parking suggestions are available online at:

[http://www.elcentrocollege.edu/campus\\_info/location.php](http://www.elcentrocollege.edu/campus_info/location.php)

For registration approval the following items are needed:

**APPLICATION**

- Completed LVN Refresher application (given at the end of the Mandatory Information Session)

**PREREQUISITES**

- A 48 contact/3 credit hour pharmacology course less than 4 years old. This may be taken concurrently as long as it finishes before the clinical component of the RN Refresher class starts.

**CPR CERTIFICATION**

- American Heart Association CPR for Health Care Provider Card. American Red Cross CPR certification must be approved by the Associate Dean.

**IMMUNIZATIONS**

- Provide proof of immunity from Measles, Mumps, Rubella, Tetanus/Diphtheria, Varicella/Chickenpox, and Hepatitis B (1st and 2nd dose of 3-shot series required prior to registration in Theory; all 3 shots required prior to registration in Clinical). Detailed information on immunizations is included in this packet.
- Provide results from a tuberculosis screening completed in the last 6 months (negative skin test or chest x-ray).

**RELEASE FORM**

- Complete the El Centro College release form of information to the clinical site. Failure to sign this document will prevent you from attending the clinical portion of this program.

**Once you have received registration approval, you will be responsible for the following items:**

**TUITION** - \$895 (total over 7-8 weeks - \$520 for LVN Refresher Theory and \$375 for LVN Refresher Clinical)

Tuition must be paid in full at the time of registration. Financial Aid in the form of the Texas Public Education Grant (TPEG) is available to qualified students. TPEG applications are available from the Continuing Education window, but the El Centro College Financial Aid office (A034) determines eligibility. TPEG covers up to \$500 per semester of tuition only.

**LIABILITY INSURANCE** – Fall - \$18.13 Spring - \$11.00 Summer - \$5.00

Liability insurance will appear as a separate fee on the fee receipt that you will receive when you register. Please keep a copy for your records, as you may be asked to provide it prior to being allowed into the clinical course. No refunds are given for liability insurance.

**Once you have registered, you will be responsible for the following items:**

**I.D. BADGE** – free

Once you have a paid fee receipt from the Cashiers Office indicating payment has been made for your classes, you can obtain an El Centro College I.D. Badge from the SPAR office on the 2<sup>nd</sup> floor of the B Building in room B270. Hours are:

Monday-Thursday 8:30 am-6:00 pm  
Friday 8:30 am-4:30 pm

**The I.D. Badge is to be worn at all times on campus and at the clinical training site.**

## **TRAINING MATERIALS**

The REQUIRED textbook for the LVN Refresher course is:

TITLE: **Fundamentals of Nursing**  
AUTHOR: **Patricia Potter and Anne Perry**  
PUBLISHER: **Elsevier – Health Sciences Division**  
ISBN 13: **978-0-323-05423-2**

TITLE: **Study Guide and Skills performance Checklists to Accompany Fundamentals of Nursing**  
AUTHOR: **Patricia Potter and Anne Perry**  
PUBLISHER: **Elsevier – Health Sciences Division**  
ISBN 13: **978-0-323-02585-0**

## **RECOMMENDED Textbooks**

TITLE: **Lippincott Manual of Nursing Practice**  
AUTHOR: **Sandra M. Nettina**  
PUBLISHER: **Lippincott, Edition 8, 2005**  
ISBN: **1582553424**

TITLE: **Wong's Essentials of Pediatric Nursing**  
AUTHOR: **C. Jackson, M. Hockenberry**  
PUBLISHER: **Mosby, Edition 7, 2007**  
ISBN: **9780323053891**

**Prior to registration in the LVN Refresher Clinical, you will be required to present and/or complete the following during a specific class meeting as determined by your instructor:**

**TEMPORARY PERMIT OR LVN LICENSE**

- Valid (non-expired) copy of temporary permit or LVN license from Texas BNE

Due to restrictions on temporary permit "extensions" from the Texas Board of Nurse Examiners and the uncertain nature of course enrollment, students are advised to apply for temporary permits from the Texas Board of Nurse Examiners on or immediately following the first day of the LVN Refresher Theory class. This will ensure that the temporary permit will not expire prior to the completion of the clinical components of the LVN Refresher course.

**HEALTH INSURANCE**

In order to meet recently updated clinical site requirements, you must provide proof of personal health insurance. If you do not currently have personal health insurance, information is included in this packet about some available student insurance programs. This information is also available online at:

<https://www1.dcccd.edu/cat0809/ss/sd/insurance.cfm>

This requirement IS NOT MET by the purchase of Liability Insurance.

**CRIMINAL BACKGROUND CHECK - \$45**

Background checks are required for all students entering into a clinical environment involving patients. Background checks from other sources are not accepted. The results of the background check are only released to the program coordinator. The results of the background check will not be released to students. See Criminal Background Check instructions sheet included in this packet. **DO NOT SUBMIT ANY INFORMATION OR PAYMENT TO GROUP ONE UNTIL YOU HAVE BEEN GIVEN A DIRECTIVE TO DO SO BY YOUR INSTRUCTOR.**

**DRUG SCREENING - \$39**

Drug screenings are required for all students entering into the Phlebotomy Clinical. Urinalysis specimens will be collected by a representative of SurScan on-campus. SurScan representative will accept cash and money orders (NO PERSONAL CHECKS). Drug screenings from other sources are not accepted. The results of the drug screening are only released to the Assistant Dean over the program. The results of the drug screening will not be released to students or instructors.

**All background check and drug screening results become the property of the Health/Legal Studies Division and will not be released to the student or any other third party.**

**IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN AND PROVIDE ALL REQUIRED DOCUMENTATION TO RECEIVE REGISTRATION APPROVAL. ONCE A STUDENT IS APPROVED TO REGISTER IT IS THE STUDENT'S RESPONSIBILITY TO REGISTER AND MEET ALL FINANCIAL OBLIGATIONS INCURRED BY REGISTRATION IN THE COURSE. (IF THE STUDENT HAS APPLIED FOR FINANCIAL AID, IT IS THE STUDENT'S RESPONSIBILITY TO FOLLOW UP WITH THE FINANCIAL AID OFFICE TO ENSURE TIMELY PROCESSING OF HIS/HER FINANCIAL AID APPLICATION.) ONCE A STUDENT IS REGISTERED IN THE COURSE IT IS THE STUDENT'S RESPONSIBILITY TO MEET ALL CLASSROOM, LAB, AND CLINICAL REQUIREMENTS OF THE PROGRAM IN ORDER TO SUCCESSFULLY COMPLETE THE COURSE.**

To speak with an academic advisor, please contact Alma Martell at 214-860-2262.

For any further questions, please contact the Continuing Education office at 214-860-2147.



## BACKGROUND CHECK & DRUG SCREENING REQUIREMENTS FOR CONTINUING EDUCATION HEALTH CAREERS

*\*with the exception of Certified Nurse Aide which has a different criteria included in the CNA information packet*

All students enrolled in Continuing Education Health Careers programs, training, and/or courses involving a clinical component are required by the Dallas/Fort Worth Hospital Council member facilities to undergo a criminal background check and drug screening prior to beginning their clinical experience. Students are responsible for all charges incurred (approximately \$84.00) for these screenings. This procedure is conducted **after** a student has been accepted to their respective program, training, and/or course. Results of these screenings are forwarded to the El Centro College Health/Legal/Distance and Continuing/Workforce Education Division for review and verification that a student is eligible to attend clinical rotation.

**A clinical agency reserves the right to remove a student from the facility for suspicion of substance use or abuse including alcohol. The clinical agency reserves the right to request that a student submit to a repeat drug screening at the student's expense on the same day that the student is removed from the clinical facility. Failure to comply will result in the student's immediate expulsion from the clinical facility.**

Further, regardless of testing or testing results, a clinical agency reserves the right to expel a student from their facility.

NOTE: Should a student who has been accepted to a Health Careers program, training, and/or course be prohibited from attending a clinical rotation experience due to findings of a criminal background check and/or drug screening, the student may be dismissed from the Health Careers program, training, and/or course.

### Drug Screening

The drug screen follows National Institute on Drug Abuse (NIDA) guidelines and screens for ten (10) substances as designated in the Substance Abuse Panel 10 ("SAP 10") by urinalysis.

These substances are:

Amphetamines  
Barbiturates  
Benzodiazepines  
Cocaine Metabolites

Marijuana Metabolites  
Methadone  
Methaqualone

Opiates  
Phencyclidine  
Propoxyphene

SAP 10 test results which fall outside of any of the acceptable ranges are considered positive test results and are automatically sent for a separate confirmatory test by a Gas Chromatography Mass Spectrometry (GCMS) method. If these results remain positive, the test results are sent to a Medical Review Officer ("MRO") which will entail an additional cost of \$25.00-75.00 to the student. The MRO will then contact the student to determine if there is a valid prescription for the drug in question. If a valid prescription exists and is verified, the test result will be deemed to the negative and acceptable.

An individual with a positive drug screen will not be allowed to attend any clinical agency/rotation for a minimum of 12 months. Prior to returning to the clinical agency/rotation, a student must provide proof of a negative drug screen as verified by the college/school.

An agency reserves the right to remove a student/faculty from the facility for suspicion of substance use or abuse (including alcohol.) The agency will immediately notify the instructor/college/school to facilitate immediate removal and drug testing of the student. The student/faculty will be asked to consent to a drug test at a site identified by the instructor/college/school and the student/faculty or school will be responsible for the cost. Given the issue of safety and impairment, all reasonable attempts shall be made to contact the student's/faculty's family, friends, or police to provide transportation. Testing must be completed on the same business day. In all instances, the agency will provide written documentation of the student's/faculty's behavior(s) by two or more agency representatives to the college/school. Regardless of testing or test results, the agency reserves the right to remove from the facility any student or faculty member. A student/faculty may have drug testing "for cause" at the discretion of the clinical agency. Failure to comply will result in immediate expulsion from the clinical agency.

## **Criminal Background Check**

The criminal background check reviews a person's criminal history seven (7) years previous to the date of a student's application to a Health Careers program, training, or course. The check will include all cities and counties of the person's residency during that time period. The following histories will disqualify an individual from consideration for a clinical rotation:

- Felony convictions;
- Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse);
- Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, etc.);
- Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances;
- Registered sex offenders.
- OIG, GSA and Medicaid Sanctions
- Terrorists Suspect List

## **Exceptions**

If a licensing/registry body (i.e. Board of Nurse Examiners for the State of Texas) approves the individual to take the licensing/credentialing exam, the individual may participate in the clinical rotation.

The College may request an exception from the first clinical agency for a student with a felony deferred adjudication and no alternate recourse through a licensing/registry authority is necessary. Following approval from the first clinical agency, the student may progress as stated above.

For more information regarding the criminal background check and drug testing requirements, please contact Elizabeth Guerra at (214) 860-2236.

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## Immunizations for CE Health Careers Students

In order to comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the following guidelines are now in force for students in El Centro College Continuing Education Health Careers courses and programs. Health Careers students must present the following documentation with their application:

### I. Immunization Record Form

An immunization record form is included with this information sheet. The completed form verified by a physician or nurse practitioner will document dates of all required immunizations and/or date of a positive titer result for each.

**NOTE:** If immunization records have been recorded on separate documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Physical Examination and Immunization Record form.

### A. Tuberculosis Screening

An intradermal PPD (Mantoux) “skin” test is required for all applicants. The PPD must be current within six (6) months of the applicant’s anticipated entry into a Health Careers course, course sequence, or program. When accepted to a Health Careers course, course sequence, or program, a student must repeat the PPD every twelve (12) months for the duration of his/her enrollment in the program.

If the PPD indicates a positive reaction, the applicant must also obtain a chest x-ray verifying the absence of active disease. Chest x-rays are valid for two (2) years. Individuals with a history of tuberculosis or positive PPD results should obtain a chest x-ray rather than the PPD.

### B. Immunizations

An applicant must have completed the following immunizations according to the indicated guidelines and time constraints:

1. **Measles** – Two (2) doses of measles vaccine is required either in a separate injection or in combination with mumps and rubella (“MMR”). Both measles immunizations must have been received after January 1, 1968. A titer (blood test) is also accepted if the results indicate the presence of measles antibodies. Individuals who were born prior to 01/01/57 are exempt from the measles immunization requirements.
2. **Mumps** – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella (“MMR”). A titer (blood test) is also accepted if the results indicate the presence of mumps antibodies. Individuals who were born prior to 01/01/57 are exempt from the mumps immunization requirement.
3. **Rubella** – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps (“MMR”). A titer (blood test) is also accepted if the results indicate the presence of rubella antibodies. Individuals born prior to 01/01/57 **are not** exempt from the rubella immunization requirement.
4. **Tetanus/diphtheria** – One (1) dose of T/D is required within the past ten (10) years.
5. **Varicella (chickenpox)** – Two (2) doses of varicella vaccine are required. However, if one dose was received before the age of 13, only one dose is required. A titer (blood test) is also accepted if the results indicate the presence of varicella antibodies. Individuals who have a history of varicella disease may present a notarized statement signed by his/her parent, guardian, physician, or school nurse as verification of varicella immunity.
6. **Hepatitis B series** – Three (3) doses of Hepatitis B vaccine are required per the timetable below:

Initial dose  
2<sup>nd</sup> dose one month after the initial dose  
3<sup>rd</sup> dose five months after the second dose

A titer (blood test) indicating the presence of Hepatitis B antibodies is also acceptable.

## II. Exceptions

Exceptions from meeting certain immunizations requirements are allowed for such circumstances as medical conditions (i.e. pregnancy), religious beliefs, etc. Applicants must present documentation as indicated below. Requests for exceptions are reviewed on an individual basis.

### A. Medical Exceptions

The applicant must present a statement signed by their physician with personal knowledge of the applicant's medical history. The statement must indicate in detail that a specific vaccine poses a significant health risk to the individual. If the statement requests exemption from the Hepatitis B series, the applicant must also complete a separate waiver form (available in the El Centro College Continuing Education Office) to accompany the physician's statement.

Unless the statement specifies that a lifelong condition exists, the exemption is valid for one year only from the date of the signed statement. The signed statement must be submitted with the applicant's Physical Examination and Immunization Record form.

### B. Exceptions Based on Religious Belief/Reasons of Conscience

The applicant must obtain an Exclusion Affidavit from the Texas Department of Health by submitting a written request and including the applicant's full name and date of birth. The written request must be mailed to the following agency:

Texas Department of Health  
Bureau of Immunization and Pharmacy Support  
1100 West 49<sup>th</sup> Street  
Austin Texas 78756

The affidavit form will be mailed to the applicant who must complete and sign the form which must include the basis for the exception. The affidavit will be valid for a two-year period. The signed affidavit must be submitted with the applicant's Physical Examination and Immunization Record form.

## III. El Centro College Health Center Services

The El Centro College Health Center offers the PPD tuberculosis screening and many of the required immunizations at a reduced cost. Please call 214-860-2113 to make an appointment for immunizations. Chest x-rays are not provided at the El Centro College Health Center.

***Applicants are responsible for retaining a photocopy of all immunization documentation for their personal records. Once this documentation is submitted and an applicant is accepted to a Health Careers course, course sequence, or program, the documentation will not be returned to nor photocopied for the applicant.***



# Continuing Education Health Careers

## IMMUNIZATION RECORD FORM

Once submitted, this document and any immunization or lab result attachments are considered official student records and **will not be returned or photocopied for the student's use.** Students should photocopy this form and any attachment to archive with their personal records.

SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Last First Middle I. Month/Day/Year

ADDRESS \_\_\_\_\_  
Street City and State ZIP

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business/Mobile

I am applying for \_\_\_\_\_.

## HEALTH QUESTIONNAIRE - (To be completed by the applicant)

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any limitations in use of your senses, such as in sight or hearing, which would limit your ability to practice a health profession? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any other condition which might interfere with your ability to practice a health profession? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you have answered "yes" to any of the above, please explain your limitations in detail on a separate sheet of paper.*

## TUBERCULOSIS SCREENING

Documentation requires a **physician's signature** or verification from the Health Center.

**Intradermal PPD (Mantoux)** - within six (6) months unless previously positive

Date \_\_\_\_\_ Results \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**Chest x-ray** - within one (1) year if PPD positive (Must also include positive PPD verification above.)

Date \_\_\_\_\_ Results \_\_\_\_\_ Physician's Signature \_\_\_\_\_

## IMMUNIZATIONS REQUIRED\*

Dates of immunizations or dates of lab results indicating positive titer (seropositivity) required. Each line requires a doctor's signature or verification from the Health Center. \*

	Date of Immunization	If Seropositive, Date of Positive Titer	Doctor's Signature or Health Center Signature
1. <b>Measles</b> – 2 doses since 01/01/68 if born on or after 01/01/57; or positive Titer	#1		
	#2		
2. <b>Mumps</b> – 1 dose if born on or after 01/01/57; or positive Titer			
3. <b>Rubella</b> – 1 dose; or positive Titer			
4. <b>Tetanus/diphtheria</b> – 1 dose within past 10 yrs.			
5. <b>Varicella</b> (chickenpox) - 2 doses (only 1 if taken before age 13); or positive Titer	#1		
	#2		
6. <b>Hepatitis B series</b> <ul style="list-style-type: none"> <li>➤ 1<sup>st</sup> initial dose</li> <li>➤ 2<sup>nd</sup> dose after 1 month</li> <li>➤ 3<sup>rd</sup> dose after 5 months</li> </ul>			

\*See attached appendix for details of immunization requirements.

**NOTE:** Form will not be accepted without doctor's signature or health center verification for each immunization and TB screening. The PPD screening, MMR, T/D, and Hepatitis B immunizations are available at the El Centro College Health Center **by appointment** at a reduced cost. The El Centro College Health Center can be reached at (214) 860-2113.

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ALL IMMUNIZATIONS INDICATED ABOVE ARE  
REQUIRED PRIOR TO SUBMITTING AN  
APPLICATION PACKET.

**EXCEPTIONS:**

MEDICAL INTERPRETATION STUDENTS ARE REQUIRED TO HAVE THE 1<sup>ST</sup> AND 2<sup>ND</sup> SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR MEDICAL INTERPRETATION COURSES. THE 3<sup>RD</sup> SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR THE MEDICAL INTERPRETATION PRACTICUM WILL BE GRANTED.

PHLEBOTOMY STUDENTS ARE REQUIRED TO HAVE THE 1<sup>ST</sup> AND 2<sup>ND</sup> SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR PHLEBOTOMY. THE 3<sup>RD</sup> SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR PHLEBOTOMY CLINICAL WILL BE GRANTED.

RN/LVN REFRESHER STUDENTS ARE REQUIRED TO HAVE THE 1<sup>ST</sup> AND 2<sup>ND</sup> SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR RN/LVN REFRESHER. THE 3<sup>RD</sup> SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR RN/LVN CLINICAL WILL BE GRANTED.

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## *CRIMINAL BACKGROUND CHECK*

DO NOT START GROUP ONE'S BACKGROUND CHECK PROCESS UNTIL YOU ARE GIVEN A DIRECTIVE BY YOUR INSTRUCTOR TO DO SO

**Background check requests are now processed online.** You must have access to a printer when you input your information in order to print a confirmation page as your receipt.

**The cost of the background check is \$45.00. Payment is made via credit card or money order. Instructions for either payment method are found below.**

Information you will need to have at hand before you begin this process:

- Valid Mastercard or Visa credit card (no other credit cards or debit cards are accepted)
- FULL legal name (first, middle, last)
- Maiden names and/or former names
- Date of birth
- Home phone number
- Social Security Number
- Current address (complete address; not necessarily what is printed on your drivers license)
- Zip codes where you have lived during the past seven (7) years (There is a U.S. Postal Service zip code lookup link on GroupOne's homepage below to help you with this.)

### **PROCEDURE IF PAYING BY CREDIT CARD**

Go to the following website: [www.gp1.com/students](http://www.gp1.com/students) and make the following sequenced menu selections:

1. Read the information on the main page, scroll down and click on the arrow by "Continue".
2. **On the pull-down menus, select the following:**
  - i. "Texas"
  - ii. "El Centro College"
  - iii. On the Discipline pull-down menu, select your health careers program, course, or course sequence.
3. Click on "Add" then click "Continue" (click on the arrow).
4. The next page will indicate the charges for the background check. To accept the charges and continue to the payment procedure, "Continue". To exit the menu without paying, click "Back".
5. Read the agreement information and make your selection at the bottom to agree or not agree to the terms. To continue, type your full name where indicated and "Continue".
6. On the next page, fill out the information completely in the format indicated and "Continue".
7. Fill out the next page (additional names/addresses) if applicable and "Continue".
8. Verify that the information is correct (go "Back" to correct as necessary) and "Continue".
9. On the next page, fill in your credit card information. (Ignore the Payment Code field.)
10. Sign your name "electronically" and after the credit card payment is confirmed, you will be prompted to print the page as your receipt.

- OVER -

## PROCEDURE IF PAYING BY MONEY ORDER

Obtain a Money Order payable to GroupOne Services for \$45.00. On a sheet of paper, provide the following information:

FULL Legal Name (first, middle, last)  
Your Email address  
Telephone Number

Mail the Money Order and the above information to the address below (You may also deliver the Money Order and information sheet to GroupOne offices in person):

GroupOne Services  
250 Decker Drive  
Irving, TX 75062

Within 2-4 business days after money order payment has been processed, you will receive an email from GroupOne with a payment code to use when you enter your data on-line. Follow the instructions below to proceed.

Go to the following website: [www.gp1.com/students](http://www.gp1.com/students) and make the following sequenced menu selections:

1. Read the information on the main page, scroll down and click on the arrow by "Continue".
2. **On the pull-down menus, select the following:**
  - i. "Texas"
  - ii. "El Centro College"
  - iii. On the Discipline pull-down menu, select your CE health careers program, course, or course, sequence.
3. Click on "Add" then click "Continue" (click on the arrow).
4. The next page will indicate the charges for the background check. To accept the charges and continue to the payment procedure, "Continue". To exit the menu without paying, click "Back".
5. Read the agreement information and make your selection at the bottom to agree or not agree to the terms. To continue, type your full name where indicated and "Continue".
6. On the next page, fill out the information completely in the format indicated and "Continue".
7. Fill out the next page (additional names/addresses) if applicable and "Continue".
8. Verify that the information is correct (go "Back" to correct as necessary) and "Continue".
9. On the next page, fill in the Payment Code field with the information emailed to you from GroupOne. and click on the "Continue" arrow. Do not fill in any other information.
10. You will be prompted to print the page as your receipt.

# GROUP ONE SERVICES

[www.GP1.com](http://www.GP1.com)

250 Decker Dr. Irving, TX 75062

Telephone: 972-719-4208 FAX: 469-648-5088



# LVN REFRESHER

## Application Packet Information

**This is not a competitive or ranked application. Registration approval for LVN REFRESHER is given to students with complete application (incomplete packets will not be considered) packets on a first-come first-serve basis. You will also need to obtain an application form by attending an orientation, if you are unable to attend an orientation please call me directly, 214-860-2262.**

Applicants must submit a complete application packet to the El Centro College Continuing Education Office either in person or by mail on or before the application deadline date for a course, course sequence, or program. The application deadline date is ten (10) business days (i.e. not counting Saturday, Sunday, and official school closure days) prior to the start of class. An application packet is considered to be complete when the application form is accompanied by clear and legible photocopies of all required documentation. **Complete** application packets will be honored in the order in which they are received. Space is limited and a spot is not promised to students, if class fills you will be given notice of the next available course.

**Application packets will be processed within five (5) business days of receipt in the El Centro College Continuing Education Office.** Applicants accepted into a course, course sequence, or program will be required to return a confirmation form within a specified timeframe to verify their space in the class.

In the case of a full class, students with complete application packets will be put on a waiting list and notified via telephone when/if space becomes available.

When submitting your application by mail, address your envelope containing complete application materials to:

Alma Martell  
CE Health Careers Applications  
LVN REFRESHER  
Continuing/Workforce Education  
El Centro College  
801 Main Street, Room A260  
Dallas, Texas 75202



# El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

I \_\_\_\_\_ am a student in the El Centro College RN/LVN Refresher program.

I give Elizabeth Guerra, Assistant Dean, permission to submit my personal information (listed below) to any of the facilities in which I will be doing clinical practicum while I am a student at El Centro College.

This information includes the following:

- Criminal background check results
- Negative 10 panel drug screen results
- Completion of BLS course

Proof of Immunizations:

- TB skin test
- Hepatitis B
- Varicella
- Measles, Mumps, Rubella
- Tetanus, Diphtheria

I understand all physical examination forms, immunizations records, etc. submitted with my application packet becomes the property of the El Centro Continuing Education and will not be returned nor photocopied for me. Therefore, I take full responsibility for keeping photocopies of these documents for my own personal files before I submit them with program application packet materials.

\_\_\_\_\_ ID# \_\_\_\_\_  
Student Signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date