

April 2009

Dear Prospective MRI Student,

Thank you for your interest in our MRI program. The application period for enrollment for Fall 2009 is May 1 through June 12, 2009. Please complete the attached form and include the items indicated. Only completed applications will be accepted and must be received by June 12, 2009. Accepted applicants will be notified by July 6, 2009. You will be given an opportunity to register and pay for the course by July 24, 2009 otherwise you will forfeit your spot.

All students will be rank ordered based on a numeric scale of the following criteria:

Reference forms (2) – points awarded for each section and for each additional item. Up to 50 points on each form. The two forms will be averaged together and the average will be used.

Resume – points awarded as follows:

2 points for every 5 years of radiography experience (or part thereof)

2 points for Associate's Degree in Radiography or 4 points for a Bachelor's degree in Radiography. 1 point awarded if currently enrolled in Associate's or Bachelor's Degree program for Radiography with an expected completion prior to August 15, 2005. 1 point will be awarded for a related Associate's Degree and 2 points for a related Bachelor's degree.

HESI A2 Exam – HESI A² - Minimum Score of 70 on each of the four required sections 15

Scores on each of the five required sections of the HESI are awarded the following points (min. 7 total points, maximum 15 points):

90 – 100	3 points
80 – 89	2 points
70 – 79	1 point

The completed packet should be returned to Gretchen Riehl at:

Continuing/Workforce Education
El Centro College
801 Main Street
Dallas, TX 75202.

If you are selected to attend this program, you will be required to have a criminal background check and drug screening. You will be given specific information on this at the time of registration. For those accepted into the program, there will be a mandatory orientation session in August approximately 2 weeks prior to the start of the program. You will be given specific dates and times in the acceptance letter. The drug screening and criminal background check will take place that evening. You must also have CPR certification for the Healthcare Provider and required vaccinations. The vaccination list is included in this packet. In addition, you must provide proof of health insurance.

If you need more information, please call me at 214-860-2236. Best wishes for future successes!

Sincerely,

Gretchen Riehl
Assistant Dean
Continuing/Workforce Education
Enclosures (5)



MAGNETIC RESONANCE IMAGING Information Sheet

**YOU MUST HAVE DEPARTMENT APPROVAL TO REGISTER IN THIS COURSE.
REGISTRATION APPROVAL FORM MUST BE SIGNED BY APPROPRIATE PERSONNEL**

What do Magnetic Resonance Imaging (MRI) technologists do?

- MRI technologists use highly sophisticated equipment to diagnose many different diseases and conditions using magnetism and radio waves instead of x-rays.
- Our classes are designed to prepare people to take the advanced MRI registry exam offered by the American Registry of Radiologic Technologists (ARRT). Upon successful completion of the program you will be eligible to take this exam.

How much will I earn?

- Entry level wages are \$25- 30 per hour. Wages will increase with experience and national credentialing.

What classes do I have to take?

- There are five required classes *:
RADR2040 -Sectional Anatomy
MRIT2030 - Principles of MRI
MRIT2060 - MRI Clinic I
MRIT2074 - Principles of MRI II
MRIT2061 – MRI Clinic II

*As an approved program from the Texas higher Education Coordinating Board, you must take all courses in the program. Principles of MRI and MRI Clinic I are taken in the fall semester. Principles of MRI II and MRI Clinic II are taken in the spring semester.

- Students who are currently working as MRI technologists may take only the lecture courses, however you must provide proof of current employment as an MRI technologist and receive permission from the Associate Dean to do so.

When is it offered/when does it start?

- Lecture/lab class meets one evening a week.
- Clinical time is scheduled during the day according to your schedule and the clinical site. You must complete 20 hours of clinical time per week.
- See Schedule for specific dates and times.

How much does it cost?

- MRIT2030 Principles of MIR I - \$125
- MRIT2060 MRI Clinical I - \$1220
- MRIT1074 Principles of MRI II – \$125
- MRIT2061 MRI Clinical II - \$1220
- RADR2040 – Sectional Anatomy - \$150
- HESI - \$25
- TB Test - \$5/Chest x-ray (if skin test is positive) - \$50
- Immunizations - \$ 0 – 139
 - MMR - \$3 per dose at City of Dallas Public Health (2 doses may be required: 4 weeks apart)
 - Tetanus/diphtheria - \$3 per dose at City of Dallas 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
- Criminal Background Check - \$42.22
- Urinalysis Drug Screen - \$39
- Total - \$2794.35 - \$2978.35*

*Total does not include required health insurance. Various factors affect individual health insurance costs. If you do not currently have personal health insurance, information is included in this packet about some available student insurance programs.

What are the application procedures?

- You must be notified by mail if you have been accepted into the program.
- You will have completed a 32 hour (2 credit hours) course on sectional anatomy within the last 4 years. RADR2040- Sectional Anatomy for Imaging Professionals will be offered in the spring or summer at El Centro College. Check schedule for dates and times.
- Due to the large number of applicants, there is a competitive application process. The application and accompanying documents should be completed and returned to Gretchen Riehl, Continuing/Workforce Education, El Centro College, Dallas, TX 75202. Applications are accepted from May 1 through June 12.

How do I register?

- You will be notified by mail if you have been accepted into the program.
- Upon acceptance into the program, you must register in person at the Continuing/Workforce Education division office on the second floor.

Am I certified when I finish the program?

- No, to become certified requires passing the MRI exam offered by the ARRT. You will be given information on the exam in class.

Where are the classes held?

- El Centro College and various clinical sites.

Prerequisites and required documentation:

Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, religion, national origin, sex, disability or sexual orientation.

APPLICATION

- Completed MRI Program application (contained in this packet)
- Copy of your resume
- Statement of Student Responsibility (contained in this packet)
- Reference Forms

The two (2) reference forms contained in this packet with the application should be sent directly to Gretchen Riehl by the person completing them.

- Student Release of Information

PREREQUISITIES

- Proof of certification in Radiography, Nuclear Medicine Technology (by ARRT and NMTCB), Radiation Therapy or Sonography (by ARRT or ARDMS)
- Copy of your HESI exam results
- Proof of completion of a 32 hour (2 credit hours) course on sectional anatomy within the last 4 years.

If you are currently enrolled in such a class, a copy of your paid fee receipt will be sufficient. However, acceptance will depend upon successful completion of the course.

IDENTIFICATION

- Clear and legible photocopy of your valid (non-expired) U.S. or state government-issued photo I.D. (i.e. passport, driver's license, state identification card)

CPR CERTIFICATION

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

Card must be valid for the entire period you are enrolled in the MRI Program. If your card is set to expire at some point during your enrollment in the MRI Program (i.e. before May of the following calendar year), you will need to attend a recertification class BEFORE you apply for the program.

IMMUNIZATIONS

- Provide proof from Measles, Mumps, Rubella, Tetanus/Diphtheria, Varicella/Chickenpox, and Hepatitis B (all 3 shots of the 3 shot series required.) Detailed information on immunizations is included in this packet.
- Provide results from a tuberculosis screening (a negative skin test within the last six months or if skin test is positive, a chest x-ray taken within the last year indicating the absence of active disease.

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 requirement IS NOT MET by the purchase of Liability Insurance.

Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, religion, national origin, sex, disability or sexual orientation.

If you are accepted to the program, you will be responsible for the following items.

TUITION - \$2690 (total over 2 semesters: Fall semester: 4125 for Principles of MRI I- \$1220 for MRI Clinical I; Spring semester: \$125 for Principles of MRI II \$1220 for MRI Clinical II)

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/semester of tuition only.

LIABILITY INSURANCE - \$18.13

Liability insurance form indicating payment amount will be issued at the time of registration. Payment must be made at the cashier's office. Receipt from cashier's office indicating paid liability insurance must be brought back to the Continuing Education office/window so a copy can be made or the student's file.

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 Cashier's 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 2nd floor of the B Building in room B270. The I.D. Badge is to be worn at all times on campus and at the clinical training site.

TRAINING MATERIALS

Textbook information will be provided at the MANDATORY ORIENTATION for MRI students (generally 2 weeks prior to the start of class; a specific date will be provided in the program acceptance letter)

All students accepted into the MRI program must attend a **MANDATORY ORIENTATION** (generally 2 weeks prior to the start of class; a specific date and time will be provided in the program acceptance letter) where you will be required to present and/or complete the following:

CRIMINAL BACKGROUND CHECK

- Verification of completion of the background check.

Background checks are required for all students entering into a health careers program with a clinical component involving patients. Background checks from other sources are not accepted. The results of the background check are only released to the Assistant Dean over the program. The results of the background check will not be released to students or instructors. You will be given information on how to acquire the background check in the acceptance documents.

Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, religion, national origin, sex, disability or sexual orientation.

DRUG SCREENING

- Money order in the amount of \$39.00 payable to SurScan for a urinalysis drug screening. SurScan representative will also accept cash. This will be done during the orientation.

Drug screenings are required for all students entering into the MRI program. Urinalysis specimens will be collected by a representative of SurScan on-campus. 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.

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.

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

STATEMENT OF STUDENT'S RESPONSIBILITY

I have read and understand the admission process for the Magnetic Resonance Imaging (MRI) Program. By submitting an application, I agree to abide by the admission requirements of the MRI Program. I accept full responsibility for submitting a complete admission packet prior to the designated application filing deadline. I understand that I will not be considered for acceptance into the program until I have completed all of the admissions requirements.

Once I have submitted my admission packet, I understand that it is my responsibility to inform the Continuing/Workforce Education staff of any change in my status, address, telephone number, intentions to enter the program, or any other information that would affect my entrance into the MRI program. I also understand that it is my responsibility to update my application packet. Furthermore, I fully understand that my failure to give such information to the Continuing/Workforce Education Division will result in my file being placed on the inactive list.

I understand that I must be certified in Cardiopulmonary Resuscitation ("CPR") at the Health Care Provider Level level prior to the first day of class. I also understand that I must have all required vaccinations up to date prior to entry into the program.

I am aware that I will be required to undergo a criminal background check and mandatory drug testing prior to being allowed to attend a clinical rotation and that I will be responsible for all costs incurred for these requirements. I understand that should I be prohibited from attending a clinical rotation at a clinical facility due to findings on my drug test or criminal background check, I may be dismissed from the MRI Imaging Program.

I understand that I must show proof personal health insurance on the orientation day (2 weeks prior to the start of class).

I acknowledge that acceptance to the MRI Imaging Program is a competitive selection process with a limited number of spaces available. I understand that the acceptance procedure is based upon a point system utilizing the WorkKeys Assessment, resume/work experience, and reference forms in combination for the ranking procedure and that neither submission of a complete application packet, nor successful completion of the Sectional Anatomy course is a guarantee that I will be accepted into the MRI Imaging Program for which I may submit an application.

I understand that if I am accepted, I must be able to commit to 20 hours per week between 7 am and 7 pm Monday through Friday for clinical rotations and one evening per week for the lecture class. I also understand that the El Centro College clinical coordinators make the final decision as to what an individual student's schedule is and that no guarantee is made by El Centro that any specific schedule will be available.

Applicant's Signature

Date

Address _____

Home Phone Number _____

Cell Phone/Other _____



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

I _____ am a student in the El Centro College MRI program

I give Gretchen Riehl, Associate 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

_____ ID# _____
Student Signature

_____-_____-_____
Date

**EL CENTRO COLLEGE
MAGNETIC RESONANCE IMAGING PROGRAM**

**PERSONAL INQUIRY WAIVER
AUTHORITY OF RELEASE OF INFORMATION**

TO: _____
Name of reference

Address of reference

I respectfully request and authorize you to furnish the El Centro College Continuing/Workforce Education Division the attached information request concerning me, my work record, school record, my reputation and character, and my qualifications for entering the Magnetic Resonance Imaging Program. Please include all information of a pertinent nature. This information is to be used to assist in determining my qualifications for entry into one of the Imaging programs.

I hereby release you, your organization, or others from any liability or damage which may result from providing the requested information.

Applicant's Signature Date

Applicant's Address

Witness' Signature

Witness' Signature

Address

Address

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

El Centro College
Continuing/Workforce Education Division
Magnetic Resonance Imaging Program
801 Main Street
Dallas, TX 75202-3604

PROSPECTIVE STUDENT INFORMATION
REFERENCE FORM

Applicant's Name

Please circle the items which most accurately describe the applicant. If you are unable to answer or no opinion has been formed, leave specific criteria blank. All responses are confidential. Additional comments in the indicated space are also appreciated.

PERSONAL QUALITIES

Table with 4 columns: Quality (e.g., APPEARANCE, COOPERATION), Unacceptable, Acceptable, Impressive. Lists various personal qualities and their corresponding evaluation options.

COMMENTS:

APTITUDE AND SKILLS

Table with 4 columns: Skill (e.g., ADAPTABILITY, COMMUNICATION), Difficult, Good, Excellent. Lists various aptitudes and skills with evaluation options.

COMMENTS:

- PLEASE COMPLETE OTHER SIDE -

RELATIONSHIP TO THE APPLICANT

EMPLOYER _____ INSTRUCTOR _____

If you had the opportunity to employ this person, would you do so?

YES _____ NO _____

COMMENTS: _____

Would you recommend this person as an applicant for the Magnetic Resonance Imaging Program?

YES _____ NO _____

COMMENTS: _____

Would you care to add further comments about the applicant (strengths, weaknesses, etc.)?

SIGNATURE _____ **DATE** _____

PLEASE PRINT BELOW:

NAME _____ **OCCUPATION** _____

ADDRESS _____

BUSINESS TELEPHONE () _____

Please return this form by May 15, 2004 to:

Gretchen K. Riehl, PhD, Assistant Dean
Continuing/Workforce Education Division
El Centro College
801 Main Street
Dallas, TX 75202-3604

Telephone: 214-860-2236
Fax: 214-860-2124

**EL CENTRO COLLEGE
MAGNETIC RESONANCE IMAGING PROGRAM**

**PERSONAL INQUIRY WAIVER
AUTHORITY OF RELEASE OF INFORMATION**

TO: _____
Name of reference

Address of reference

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Applicant's Signature Date

Applicant's Address

Witness' Signature

Witness' Signature

Address

Address

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

El Centro College
Continuing/Workforce Education Division
Magnetic Resonance Imaging Program
801 Main Street
Dallas, TX 75202-3604

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COMMENTS:

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COMMENTS:

- PLEASE COMPLETE OTHER SIDE -

RELATIONSHIP TO THE APPLICANT

EMPLOYER _____ INSTRUCTOR _____

If you had the opportunity to employ this person, would you do so?

YES _____ NO _____

COMMENTS: _____

Would you recommend this person as an applicant for the Magnetic Resonance Imaging Program?

YES _____ NO _____

COMMENTS: _____

Would you care to add further comments about the applicant (strengths, weaknesses, etc.)?

SIGNATURE _____ **DATE** _____

PLEASE PRINT BELOW:

NAME _____ **OCCUPATION** _____

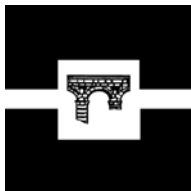
ADDRESS _____

BUSINESS TELEPHONE () _____

Please return this form by May 15, 2004 to:

Gretchen K. Riehl, PhD, Assistant Dean
Continuing/Workforce Education Division
El Centro College
801 Main Street
Dallas, TX 75202-3604

Telephone: 214-860-2236
Fax: 214-860-2124



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

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
2nd dose one month after the initial dose
3rd 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:

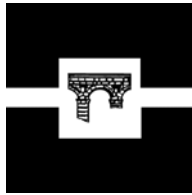
Texas Department of Health
Bureau of Immunization and Pharmacy Support
1100 West 49th Street
Austin Texas 78756

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.



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

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. <i>Measles</i> – 2 doses since 01/01/68 if born on or after 01/01/57; or positive Titer	#1		
	#2		
2. <i>Mumps</i> – 1 dose if born on or after 01/01/57; or positive Titer			
3. <i>Rubella</i> – 1 dose; or positive Titer			
4. <i>Tetanus/diphtheria</i> – 1 dose within past 10 yrs.			
5. <i>Varicella</i> (chickenpox) - 2 doses (only 1 if taken before age 13); or positive Titer	#1		
	#2		
6. <i>Hepatitis B series</i> ➤ 1 st initial dose ➤ 2 nd dose after 1 month ➤ 3 rd dose after 5 months			

**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.

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

EXCEPTIONS:

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



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

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	Marijuana Metabolites	Opiates
Barbiturates	Methadone	Phencyclidine
Benzodiazepines	Methaqualone	Propoxyphene
Cocaine Metabolites		

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 MSS

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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 Gretchen Riehl at (214) 860-2236.



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

MAGNETIC RESONANCE IMAGING Application

This is a competitive and ranked application. Applications for El Centro College's MAGNETIC RESONANCE IMAGING program are considered to be complete when the form is accompanied by clear and legible photocopies of all documentation indicated on the checklist below. Incomplete applications will not be accepted.

Applications will be accepted starting May 1, 2009. Deadline to apply for Fall 2009 classes is June 12, 2009.

FIRST NAME _____ LAST NAME _____ SS# _____
(if left blank, an ID number will be assigned)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

NAME OF SCHOOL FROM WHICH YOU RECEIVED YOUR RADIOLOGIC TECHNOLOGIST TRAINING:

	Resume
	Statement of Student Responsibility (included in this packet)
	HESI
	ARRT or NMRT or ARDMS Certification
	Two (2) reference forms (included in this packet) These should be sent directly to G.Riehl by person completing them
	Proof of attendance at a 32 contact (2 credit) hour Sectional Anatomy course within last 4 years
	Valid (non-expired) U. S. or state government –issued photo I.D.
	Tuberculosis Screen results (negative skin test within the last six months or chest x-ray within the last year)
	Measles (included in MMR combination: except from this requirement if born before 01/01/57)
	Mumps (included in MMR combination: except from this requirement if born before 01/01/57)
	Rubella (included in MMR combination)
	Tetanus/Diphtheria (must be within last 10 years)
	Varicella/Chickenpox vaccine (or statement of disease history from a aren't, guardian, doctor or nurst)
	Hepatitis B (all three doses)
	Student release of information

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS COMPLETE AND ACCURATE.

Applicant's Signature

Date

Send the completed application packet to: Gretchen Riehl, Ph.D.
Continuing/Workforce Education
El Centro College
801 Main St.
Dallas, TX 75202