



Public Health Field Experience Requirement Checklist

Fall 2025 Planning for Spring 2026 Registration

The checklist below is designed to provide a timeline for completion of essential field experience requirements. Please note it is critically important that you begin the process for obtaining the required PA Criminal Background Check, FBI, and Child Abuse Clearance.

This Acceptance Checklist is designed to provide a timeline for completion of the essential field experience requirements.

It is important that you read through the entire checklist and note the due dates listed on the Table of Contents associated with each requirement so that you do not miss any deadlines.

Due to time constraints, the Verification of Residency Form, Photo ID, and background checks should be done as soon as you receive your acceptance packet.

No prior background clearances will be accepted. Acceptance is conditional upon receipt of all background clearances (see enclosure for further explanation).

Best wishes for much success as you start your journey down this rewarding career path!

PLEASE PRINT ONE-SIDED

Timeline for Completion of Requirements – Page 1

BEGIN IMMEDIATELY – REQUIRED FOR ALL STUDENTS

Field Experience Site

- ☐ Research a site for your Field Experience!

Verification of Residency and Photo ID

- ☐ Complete the Verification of Residency Form (*see Section A*) listing the past two (2) consecutive years of residency. **If you have not lived in Pennsylvania for two (2) consecutive years**, you will need to obtain the PA Department of Aging FBI Background Clearance (*see Section H below*).
- ☐ Your State-issued Driver's License or Photo ID. (*see Section B*) must match the current address listed on your Verification of Residency Form. If it does not, we will need a Change of Address card with your current address.

Background Clearances

- ☐ Read Background Check Review and Positive Criminal History Review Processes (*see Sections C and D*) to follow procedures for obtaining clearances and actions required if you have a positive background. **Acceptance into the Field Experience is conditional upon receipt of these clearances**, and approval by the Health Career Review Committee and health organizations, if applicable. *You will answer YES or NO to this question on myRecordTracker and upload the letter of explanation, if applicable.*
- ☐ Submit online request for PA Criminal Background Check (*see Section E*).
- ☐ Register (pre-enroll) for fingerprint-based FBI Background Clearance through PA Department of Human Services (Service Code **1KG 756**) and schedule time to get fingerprinted (*see Section F*). **ALL students must obtain this clearance.**
- ☐ Submit online application for PA Child Abuse History Clearance (*see Section G: Child Abuse History Clearance*).
- ☐ **ONLY IF you have not lived in Pennsylvania for two (2) consecutive years**, register for fingerprint-based FBI Background Clearance through PA Department of Aging (Service Code 1KG 8RJ) and schedule time to get fingerprinted (*see Section H*).

Additional Tasks and Requirements

- ☐ Complete the free online Mandated and Permissive Reporting in Pennsylvania Online Training (Act 31) at <https://www.reportabusepa.pitt.edu/> (*See attached Section I: Mandated and Permissive Reporting*)
- ☐ Read urine drug screening procedure (*see Section O*) and read and acknowledge your understanding of the medical marijuana policy (*see Section K*).
- ☐ Once you have chosen a site for your Field Experience, submit this information to your professor for approval. Once approved by your professor, email the contact information (name of contact, name of organization, address, phone number, email address) to Shawn Fortley at sfortley@northampton.edu so that an Affiliation Agreement may be signed by both parties prior to the start of the Field Experience semester. Check with your site to see what site-specific health requirements they will ask you to provide.

Timeline for Completion of Requirements – Page 2

BEGIN IMMEDIATELY – (Check with your specific site)*

Physical Exam

- ☐ Schedule an appointment for a physical and any required testing. Pay special attention to **time sensitive tests** (such as TB) listed on the health form (Section N: Health Requirements).
- ☐ Complete page 1 of the Health Form and take the form to your appointment for your physical exam (**Health Form is included in Section N**). Your Medical Provider must complete the remaining pages of the health form.

BLS Certification

- ☐ Register for BLS-Basic Life Support for Healthcare Providers if you do not have that certification. Courses are available at NCC. To register online, go to <http://www.northampton.edu/cpr>; scroll to bottom of page and click on *Basic Life Support for Healthcare Providers*. This certificate is also available through the American Heart Association at www.americanheart.org. **Online BLS courses will NOT be accepted (Section L).**

By December 15, 2025

- ☐ Set up your myRecordTracker® account from the email you received at your NCC email address from myrecordtracker@verticalscreen.com. Please check your spam folder if you do not see this email in your inbox. (See attached **Section P: Certiphi Screening MyRecordTracker® Student Guide**)
- ☐ Upload your Pennsylvania State, FBI, and Child Abuse clearances (**Sections E, F, and G**) and Mandated Reporter Certificate of Completion to your myRecordTracker® account at <https://myrecordtracker.com>.
- ☐ Upload the Verification of Residency Form (**Section A**) and a copy of your photo driver's license or State-issued ID card (**Section B**) to myRecordTracker®. If you have not lived in PA for the past 2 consecutive years, upload the Department of Aging FBI to myRecordTracker (**Section H**).
- ☐ Sign and upload the Health Career Clinical Release of Information Form (**Section J: Health Career Clinical Release of Information Form**).
- ☐ Read, sign, and upload the NCC Health Careers Medical Marijuana Policy Acknowledgement to your myRecordTracker® account (**Section K**).

By December 15, 2025*

- ☐ Upload current health insurance card (front & back) to myRecordTracker® (**Section M**).
- ☐ Upload completed Health Form and supporting documentation (lab reports and/or childhood immunization record) to your myRecordTracker® account (**Section N: Student Health Requirements**).

By December 15, 2025*

- ☐ Upload a copy of your certification in Basic Life Support (BLS) for Healthcare Providers to your myRecordTracker® account (**Section L**).

To Be Scheduled at a Later Date*

- ☐ Appointment dates and times for your urine drug screen will be given to you at a later date. (See attached **Section O: Urine Drug Screening Requirements**).

TABLE OF CONTENTS

SECTION	REQUIREMENTS AND INSTRUCTIONS	DUE DATE
A	Verification of Residency Form	Read Immediately
B	Photo Identification	12/15/2025
C	Important Background Check Review Process	Read Immediately
D	Positive Background Clearance Information	Read Immediately
E	PA State Police Background Check (PATCH) Instructions	12/15/2025
F	FBI Background Clearance Instructions (DHS)	12/15/2025
G	Child Abuse Clearance Instructions	12/15/2025
H	FBI Background Clearance through Dept. of Aging	12/15/2025
I	Mandated and Permissive Reporting in PA Training	12/15/2025
J	Student Release of Information Form	12/15/2025
K	NCC Healthcare Careers Medical Marijuana Policy	12/15/2025
L	Basic Life Support For Healthcare Providers (BLS)*	12/15/2025
M	Proof of Health Insurance	12/15/2025
N	Student Health Requirements and Health Form*	12/15/2025
O	Urine Drug Screening Requirements*	Read Immediately
P	myRecordTracker® Instructions	12/15/2025

**** If your site does not require you to provide health records, BLS, or drug screening, please upload documentation from the site on their letterhead stating that these are not requirements for your field experience so that we can mark these requirements as completed. Thank you!***

***** IMPORTANT – PLEASE NOTE *****

- **Students cannot begin their Field Experience until approved by their professor (after all necessary requirements are completed and approved).**
- **Students cannot begin their Field Experience before the first day of the semester.**
- Failure to comply with the established deadline for document submission will result in removal from the Program.
- It is your responsibility to upload all the background checks and completion certificates before submitting to Program Director, if required. It is a good idea to keep a copy as well since you will need them during the semester.



Important Telephone Numbers

Public Health.....	570-360-1960
Shawn Fortley – Healthcare Records Coordinator	610-861-4192
Admissions Office	610-861-5500
Bookstore	610-861-5322
Bursar’s Office	610-861-5407
Children’s Centers	610-861-5477
Disability Services.....	610-861-5342
Financial Aid.....	610-861-5510
Health and Wellness Center	610-861-5365
Housing/Student Activities.....	610-861-5324
Monroe Campus Bookstore.....	570-688-2478, ext. 238
Monroe Campus Enrollment Office	570-620-9221
Records/Registration Office.....	610-861-5494



Verification of Residency for Acceptance into an NCC Health Science Program

Date: _____ Class Start Date: _____

Student Name: _____
Last First Middle

Current Address: _____
Street Address

City State Zip Code

☐ I lived at the above Pennsylvania address for two (2) consecutive years or more.

☐ I lived in Pennsylvania for two (2) consecutive years or more at my current address and previous addresses listed below:

1. Prior Address: _____
Street Address

City

State

Zip Code

I lived at this address from _____ until _____
MM/DD/YYYY MM/DD/YYYY

2. Prior Address: _____
Street Address

City

State

Zip Code

I lived at this address from _____ until _____
MM/DD/YYYY MM/DD/YYYY

☐ I have NOT lived in Pennsylvania for the past two (2) or more consecutive years and must submit a PA Department of Aging FBI Background Clearance through IdentoGO (Service Code **1KG 8RJ**).

By submitting this form, I certify all the information I have provided is complete, accurate, true, and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature: _____ Date: _____

PHOTO IDENTIFICATION REQUIREMENTS

The address listed on your State-issued Driver's License or Photo ID must match the current address listed on your Verification of Residency Form (*Section A*). If it does not, please obtain a Change of Address card. This information is needed so you can determine whether or not you need to obtain a PA Department of Aging FBI Background Clearance which is required if you have not lived in Pennsylvania for the past two (2) consecutive years. Thank you!

State-issued Driver's License



State-issued Identification Card



PennDOT Change of Address Website

<https://www.dmv.pa.gov/Driver-Services/Name-Address-Changes/Pages/Changing-Your-Address.aspx>

****IMPORTANT BACKGROUND CHECK REVIEW PROCESS INFORMATION****

A Pennsylvania State Police Criminal History Report, FBI Criminal History Record Report, and Pennsylvania Child Abuse History Clearance must be completed by all Health Career students by the deadline noted within this Acceptance Checklist in order to comply with clinical facility requirements. Acceptance is considered conditional until the criminal background check requirement is met. The timeline is established to allow adequate time for the Health Career Review Committee to review the report and make a recommendation to the Program Director regarding full acceptance into the program. Acceptance will be rescinded if the documents are not received by the deadline.

Students with three (3) reports reflecting “no record” (no convictions) can consider themselves fully accepted.

If there is a positive record, entry into clinical education will be dependent on the decision of the Health Career Review Committee after the **background clearances, including the RAP sheet**, together with a written, detailed explanation are uploaded to myRecordTracker® (See Section B). Upon receipt of the statement and clearances, the Health Career Review Committee will review the reports and make a recommendation to the Program Director regarding the student’s acceptance into the program. Students will be notified of their status within three (3) days of the committee’s review. The student may appeal the decision in writing to the Vice President for Academic Affairs (VPAA) within five (5) working days of notification receipt. The decision of the VPAA is final. The records related to the criminal background process for students will be secured in the Dean’s office.

Clinical agencies have the right to deny access to any student based on that agency’s own criteria. In the event that a student is denied clinical placement, their acceptance in the program may be rescinded.

If you have a positive background check, a letter with the information described below must be uploaded to myRecordTracker®, along with your background check results, providing further information on the convictions and non-convictions that appeared on your record. It is important for us to gain as much information as possible about these charges to fairly evaluate your acceptance into the program. To that end, we request that you submit, in writing to the program director, the following information:

1. Date of conviction
2. Exact location
3. Offense(s)
4. How did you plead?
5. What was the outcome/sentencing?
6. Are you still on probation?
7. Provide details surrounding the offense(s) with your version of what happened.

In addition to your written statement, please provide all documentation you may possess that relates to the above record(s). Inability to comply with this request may result in dismissal from the program.

Should you have any questions, please contact Shawn Fortley at sfortley@northampton.edu.

Submitting a Request for PA Criminal History Record Check (PATCH)

A Pennsylvania Criminal Background Check is required of all NCC Health Career students. To obtain your record follow the steps below:

1. Go to <https://epatch.pa.gov/home>.
2. Select the **Submit a New Record Check** option. **Do NOT use the gold box titled “New Record Check (Volunteers only)” option.**
3. Read the **Terms and Conditions** surrounding use of the system in order to proceed with record check request submission. Click on **Accept**.
4. Complete the **Personal Information** form.
 - a. Select **Other** from the drop-down list as **Reason for Request**.
 - b. Name, address and telephone number are required fields.
5. Click **Next** and the screen will display the personal details entered in the last step. Review details and click the **Proceed** button.
6. Complete the **Record Check Request Form**.
 - a. Name, Social Security Number, Date of Birth, Sex, & Race.
 - b. List all aliases and/or Maiden Names.
 - c. Click **Enter this Request**
7. Confirm the **Record Check Request Review** and click on **Submit**. The charge is **\$22.00** per request.
8. Complete the **Credit Card Information** form. PATCH accepts Visa, Discover, Master Card, and American Express.

Required information:

 - a. Name and address
 - b. Credit Card Type and Credit Card Number
 - c. Card Verification Method (CVM) number
 - d. Expiration Date
9. Click **Next** once the form has been completed.
10. PATCH will display the credit card information entered in the last step. Review the details. Click **Back** if any of the information needs to be changed. Otherwise, click **Submit**.
11. At this point, PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. **This cannot be undone.**
12. PATCH will display a summary listing of the Record Check Results.
 - a. Details on the record check result can be reviewed by clicking on your name.
 - b. Click on the Invoice Number in the Record.
 - c. Check Details page to access a printable invoice.
 - d. Click on blue link titled **Certification Form** in the Record. This will bring up the record with the State seal.
Please print multiple copies, as you may need this for employment or licensure purposes.
13. PATCH report will either show:
 - a. **No Record** status if there are no records found for the request, *or*
 - b. **Request Under Review**. A “Request Under Review” response **does not** necessarily indicate a criminal record. If this occurs, log on to the website daily to check status. You will not be notified when the results are updated. Once the results are in, follow Step 12d. above to access and print the report, including the RAP sheet if the response indicates a criminal record.
14. Upload your PATCH Clearance results to your student account at <https://www.myrecordtracker.com>.
15. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you must submit the **original**, including the **accompanying Rap Sheet**, together with a **letter of explanation** of the charges to the Healthcare Records Coordinator, since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

Submitting a Request for an FBI Criminal Background Clearance

The NCC Health Career Programs require Federal Bureau of Investigation (FBI) criminal background checks on all students. The fingerprint-based background check is a multiple-step process. Please complete the following steps of the process promptly to assure you meet the **firm deadline** for submitting results. **Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Health Career Program.**

- 1. Registration:** The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering online, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose.

Enter Service Code: 1KG756

2. Employer:

Northampton Community College

For Main or Pocono Campuses, enter:

3835 Green Pond Road, Bethlehem, PA 18020

For Fowler Campus, enter:

511 E. Third Street, Bethlehem, PA 18015

- Applicants who register under Identogo for fingerprints can receive their results electronically. This opportunity applies to results with no record. During the registration process you will be asked for an email address, and you will be asked to create a security question and a security answer. It is very important that once you create your security question and answer that you retain this information. Three (3) unsuccessful logins will prevent you from retrieving your results. This information cannot be reset.
- 4. Payment:** The applicant will pay a fee of **\$25.25** for the fingerprint service and to secure an official copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier's checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. **No cash transactions or personal checks are allowed.**
- 5. Fingerprint Locations:** After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.

LOCATION	DAYS	HOURS
HELLERTOWN		
IdentoGO 1866 Leithsville Road Creekside Marketplace Hellertown, PA 18055-2505	Monday – Friday Saturday	09:00 AM - 05:00 PM 09:00 AM - 01:00 PM
ALLENTOWN		
IdentoGO 1382 Hanover Avenue Allentown Commons Plaza Allentown, PA 18109-2019	Monday – Friday	09:00 AM - 12:00 PM <i>and</i> 12:30 PM - 04:30 PM

LOCATION	DAYS	HOURS
EAST STROUDSBURG		
IdentoGO 5224 Milford Road Suite 155 East Stroudsburg, PA 18302-9671	Monday – Friday Saturday	09:30 AM - 06:30 PM 09:30 AM - 02:30 PM

6. **Fingerprinting:** At the fingerprint site, the Enrollment Agent (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types may be found on the IDEMIA website at <https://uenroll.identogo.com>. **Applicants will not be processed if they cannot produce an acceptable photo ID.** After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

ACCEPTABLE DOCUMENTS
<ul style="list-style-type: none"> ➤ Canadian Commercial Driver's License (CDL) ➤ Commercial Driver's License issued by a State or outlying possession of the U.S. ➤ Department of Defense Common Access Card ➤ Driver's License PERMIT issued by a State or outlying possession of the U.S. ➤ Driver's License issued by a State or outlying possession of the U.S. ➤ Employment Authorization Card/Document (I-766) with Photo ➤ Enhanced Tribal Card (ETC) ➤ Foreign Driver's License (Mexico and Canada Only) ➤ Foreign Passport ➤ Merchant Mariner Document (MMD) ➤ Military Dependent's Card ➤ Military ID Card ➤ Passport Book or Card ➤ Permanent Resident Card / Green Card (I-551) ➤ Photo ID Waiver for Minors ➤ State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency ➤ Uniformed Services Identification Card (Form DD-1172-2) ➤ Visa

7. Shortly after your fingerprints have been taken and a result can be provided, you will receive an email. You will be advised to click on the link within the email and enter your security question and answer. If you lock yourself out of your security question and answer, your result will be mailed by US Mail. Current Mailing timelines take 7 to 10 business days to reach the intended destination.

When you do access your result, it is important that you be able to download it, save it and print it for future needs. There will be no second access to this electronic result.

If any result has a record associated with it, those results will not be electronically available and can only be mailed by US Mail. Current Mailing timelines take 7 to 10 business days to reach the intended destination.

8. Upload results of your FBI Clearance **PRIOR TO THE DUE DATE** given to your student account at <https://www.myrecordtracker.com>.
9. Once uploaded, check with your Program Director to determine if you are required to submit the **original** document to the College as part of fulfilling your clinical requirement.
10. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you are **REQUIRED** to submit the **original** to the Program Director, including the **accompanying Rap Sheet**, together with a **letter of explanation** of the charges. Please contact the Healthcare Records Coordinator immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

Submitting a Request for Child Abuse Clearance

A Child Abuse History Clearance is required of all NCC Health Career students. **Applications are submitted online, but it may still take several weeks to receive the results.**

Please note: Failure to follow the instructions below may cause a considerable delay in the processing of your application and could affect your ability to meet the deadline for submitting results. Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Health Career Program.

1. Please go to the **PA Child Welfare Information Solution Portal** at <https://www.compass.state.pa.us/CWIS>.
2. Select **"Create Individual Account"** and follow the instructions to create a Keystone ID account. You will be asked to provide some personal information and answer security questions.
 - a. Creation of your Keystone ID will prompt their system to send you two e-mails. One will contain confirmation of your recently created Keystone ID and the other will provide you with a temporary password.
 - b. Go back to the Child Welfare Portal website at <https://www.compass.state.pa.us/CWIS> and choose the **"Individual Login."** Choose **"Access my Clearance"**. Read **"Learn More"** and scroll down to **"continue"** to login.
 - c. Login by using your Keystone ID using the temporary password copied and pasted from the email sent to you.
 - d. Once logged in, the system will require you to immediately change the password. Set permanent password and click **"Submit"**. The website will then tell you to click on **"Close Window"** button.
 - e. Login again to your application with your Keystone ID and newly created personal password.
3. **My Child Welfare Account Terms & Conditions**
 - a. Choose to accept the Terms & Conditions and click **"Next."**
 - b. On the "My PA Child Abuse History Clearances" screen choose **"Create Clearance Application."**
4. **Getting Started**
 - A. Scroll to bottom and select "Begin". Complete the Application in full.
 - a. Complete the following sections: Application Purpose, Application Info, Current Address, Previous Address, Household Members, & Application Summary. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief.
 - b. The last part consists of the following sections: eSignature and Application Payment.
5. **Application Purpose**
 - a. Select **"School Employee Not Governed by Public School Code."**
6. **Payment**
 - A. Finish completing application process. Payment of \$13.00 is required at time of request. Debit or credit cards will be accepted. If the system gives you the option to print the results out immediately as well as have one sent to you in the mail, please choose both options.
7. Upload results of your Child Abuse Clearance to your student account at <https://www.myrecordtracker.com>. Keep a copy for your records.
8. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you are **REQUIRED** to submit the **original** to the Program Director, including the accompanying Rap Sheet, together with a letter of explanation of the charges. Please contact the Program Director immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

Submitting a Request for an FBI PA Department of Aging Clearance

If you have NOT lived in Pennsylvania for the past two (2) consecutive years, you are required to obtain an FBI through the Pennsylvania Department of Aging. Please follow the instructions listed below:

1. **Registration:** The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering online, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose.

Enter Service Code: 1KG 8RJ

2. Employer:

Northampton Community College

For Main or Pocono Campuses, enter: 3835 Green Pond Road, Bethlehem, PA 18020

For Fowler Campus, enter: 511 E. Third Street, Bethlehem, PA 18015

3. Applicants who register under Identogo for fingerprints can receive their results electronically. This opportunity applies to results with no record. During the registration process you will be asked for an email address, and you will be asked to create a security question and a security answer. It is very important that once you create your security question and answer that you retain this information. Three (3) unsuccessful logins will prevent you from retrieving your results. This information cannot be reset.
4. **Payment:** The applicant will pay a fee of **\$25.25** for the fingerprint service and to secure an official copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier's checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. **No cash transactions or personal checks are allowed.**
5. **Fingerprint Locations:** After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.

LOCATION	DAYS	HOURS
HELLERTOWN		
1866 Leithsville Road Creekside Marketplace Hellertown, PA 18055-2505	Monday – Friday Saturday	09:00 AM - 05:00 PM 09:00 AM - 01:00 PM
ALLENTOWN		
1382 Hanover Avenue Allentown Commons Plaza Allentown, PA 18109-2019	Monday – Friday	09:00 AM - 12:00 PM <i>and</i> 12:30 PM - 04:30 PM
LOCATION	DAYS	HOURS
EAST STROUDSBURG		
5224 Milford Road Suite 155 East Stroudsburg, PA 18302-9671	Monday – Friday Saturday	09:30 AM - 06:30 PM 09:30 AM - 02:30 PM

6. **Fingerprinting:** At the fingerprint site, the Enrollment Agent (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types may be found on the IDEMIA website at <https://uenroll.identogo.com>. **Applicants will not be processed if they cannot produce an acceptable photo ID.** After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

ACCEPTABLE DOCUMENTS

- Canadian Commercial Driver's License (CDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Department of Defense Common Access Card
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License issued by a State or outlying possession of the U.S.
- Employment Authorization Card/Document (I-766) with Photo
- Enhanced Tribal Card (ETC)
- Foreign Driver's License (Mexico and Canada Only)
- Foreign Passport
- Merchant Mariner Document (MMD)
- Military Dependent's Card
- Military ID Card
- Passport Book or Card
- Permanent Resident Card / Green Card (I-551)
- Photo ID Waiver for Minors
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Uniformed Services Identification Card (Form DD-1172-2)
- Visa

7. **ALL OUT-OF-STATE RESIDENTS, PLEASE NOTE:** if you enter your zip code and find there is no fingerprinting location in your own State, you can create an appointment and select the option to have local law enforcement do a physical fingerprinting, which can then be sent by mail to Identogo. This takes a little extra time (6-8 weeks), but it should not cause a significant delay in your application. **(You will need 2 cards: one for Dept. of Human Services and one for PA Dept. of Aging.)**
8. Shortly after your fingerprints have been taken and a result can be provided, you will receive an email. You will be advised to click on the link within the email and enter your security question and answer. If you lock yourself out of your security question and answer, your result will be mailed by US Mail. Current Mailing timelines take 7 to 10 business days to reach the intended destination.

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Mandated and Permissive Reporting in Pennsylvania Online Training (Act 31)

The online Mandated Reporter Training is offered free of charge through the University of Pittsburgh.

1. Please access the course by copying and pasting the link below:

<https://www.reportabusepa.pitt.edu/>

2. Click on the “Registration” link at the top of the page and create an account. Be sure to save your login information for future use.
3. The course may take up to three hours to complete, but does not have to be done all at once. You may save your progress and return to it at another time using your login information.
4. At the end of the course, you will be prompted to print your Certificate of Completion. Be sure to print out multiple copies for your records since you may need it for licensure.
5. Upload the **Certificate of Completion** to myRecordTracker®.



Student Release of Information Form

For Health Career Clinical Sites Only

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the student's educational record from disclosure to unauthorized individuals. As an admitted and enrolled student in this NCC Health Career program, additional documentation is required to be submitted, including criminal background checks, health and vaccination/titer information, and drug screening results. While these items are not part of the student educational record, they are maintained as confidential by the program/school. Northampton Community College is required to share positive results of criminal background checks and drug screening with any affiliated institution used for clinical education in the Health Career programs, as well as any pertinent health information requested by the clinical facilities.

- ☐ I understand that the clinical affiliate requires that positive results of my background check(s) be shared with the following individuals: the VP Human Resources, Labor/Employment Counsel, VP Patient Care Services, and/or the manager(s) of the unit where the student is assigned for clinical.
- ☐ I understand that any requested information will be released to the requestor according to the guidelines outlined in the affiliation agreement between the college and the clinical affiliate.
- ☐ In connection with my admission and enrollment in an NCC Health Career Program and my participation in the program's clinical training opportunities, I hereby authorize the College and its agents to release any and all information relevant to my criminal record, health information, and/or drug screen results to any authorized clinical site representative it deems appropriate in order to determine my suitability to be enrolled in the Health Career Program and/or to be assigned to a clinical site selected by the College. A photocopy of this release will be sufficient to authorize the release of the information.

Student Information:*(Please print legibly)*

Student ID

Student's Name *(Last)* *(First)* *(Middle)* *(Previous)*

Address *(Street)* *(City)* *(State)* *(Zip)*

Primary Phone Number

Secondary Phone Number

Signature of Student Authorizing Release

Date

Upload signed form to your myRecordTracker® account.

Health Careers Medical Marijuana Policy

In order to be transparent regarding the entire drug screening process and the use of Medical Marijuana, Northampton Community College recognizes our responsibility to fully inform students of NCC's policy at the time of acceptance. Please read the following policy carefully and acknowledge your understanding by signing and uploading this form to myRecordTracker.

The Pennsylvania Department of Health is currently implementing the Pennsylvania Medical Marijuana Program, a component of the Medical Marijuana Act (MMA) that was signed as [law](#) on April 17, 2016. This program provides access to medical marijuana for patients with serious medical conditions as defined by the Pennsylvania Department of Health.

At this time, the Federal government regulates drugs through the Controlled Substances Act, which does not recognize the difference between medical and recreational use of marijuana. Under Federal law, marijuana is a Schedule 1 controlled substance, meaning that it is considered to have no medical value. Medical practitioners may not prescribe marijuana for medical use under Federal law.

Students entering any Health Science Careers Program are required to have urine drug screenings upon admission to the clinical phase of the program and on a yearly basis while participating in clinical experiences. As per current policy, if the results are positive, the student will be dismissed from the program immediately and referred for appropriate counseling.

Students using medical marijuana will not be eligible for clinical, internship, or externship placement in any NCC health science career program, due to the current discrepancy between State and Federal law regarding Drug Free Work Place Act and the MMA. Businesses who are not in compliance with Federal law are at risk for criminal or civil charges; and additionally, may find issue with eligibility for Federal contracts and grants. Additionally, Pennsylvania's Medical Marijuana statute specifically provides that an employer does not have to accommodate an individual in a safety sensitive position if that person is under the influence of medical marijuana. Most positions involving direct patient care will be considered safety sensitive positions.

Students should also understand that under current Pennsylvania State Board law, many health career licensing boards require drug screening at the time of application for licensure. Similarly, most health care employers will perform routine drug screening as a condition for employment, as these positions involve direct patient care, and are considered safety sensitive positions. **This discrepancy between Federal and State law allows our clinical partners to deny student placement for clinical experiences and the State of Pennsylvania to deny licensure.**

Due to current laws, NCC cannot provide admission to the clinical phase in any of our Health Science Career Programs and students who have been admitted and are later to be found positive for medical marijuana will be dismissed from the Program.

I hereby acknowledge that I have read and understand NCC's Health Careers Medical Marijuana Policy.

Student's Name (Please Print)

Signature of Student

Date

Upload signed form to your myRecordTracker® account.

BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS (BLS)

Section L

Northampton Community College's Center for Healthcare Education offers several BLS for Healthcare Providers and BLS for Healthcare Providers **Renewal** course offerings specifically to assist Health Career students who need to obtain certification for their course of study prior to the start of class.

The American Heart Association strongly promotes knowledge and proficiency in BLS and has developed instructional materials for this purpose. Use of these materials in an educated course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course does not represent income to the Association.

To obtain a listing of the current offerings and/or to enroll in a course, please visit our website at <https://northampton.edu/cpr>. Toward the bottom of the page, under View Featured Classed, click on Basic Life Support to view the current schedule of classes to choose the section that best accommodates your schedule.

CAMPUS LOCATIONS

FOWLER SOUTHSIDE CAMPUS

511 East Third Street, Third Floor
Bethlehem, PA 18015

MONROE CAMPUS

2411 Route 715, Kapp Hall
Tannersville, PA 18372

BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS

Designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use of an AED and relieve choking in Adult, Child and Infant, in a safe, timely and effective manner.

Course: CPRFA500 6 Hour Course Fee: \$160 till 12/31/2025 \$185 as of 1/1/2026

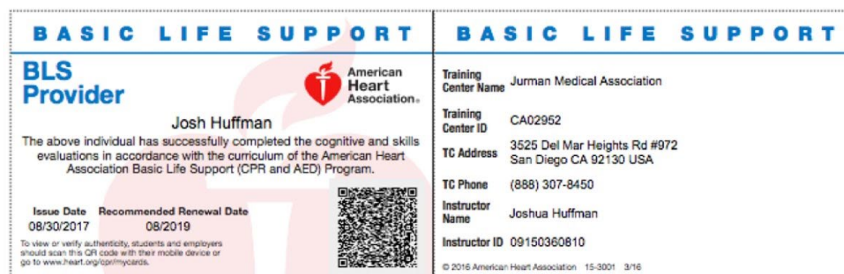
BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS - RENEWAL

Designed to provide healthcare professionals the ability to review changes in basic life support and to renew their healthcare certification. Includes adult, child and infant. Prerequisite: Current BLS for HCP card must be presented to the Instructor the day of class.

Course: CPRFA501 4 Hour Course Fee: \$100 till 12/31/2025 \$125 as of 1/1/2026

UPLOAD YOUR COMPLETION CARD TO MYRECORDTRACKER – FRONT AND BACK:

AHA E-Card Example [Wallet]



Questions?

Center for Healthcare Education
Northampton Community College
511 E. Third Street, Suite 350
Bethlehem, PA 18015
610-332-6585

healthcare@northampton.edu
www.northampton.edu/healthcare

HEALTH INSURANCE REQUIREMENTS

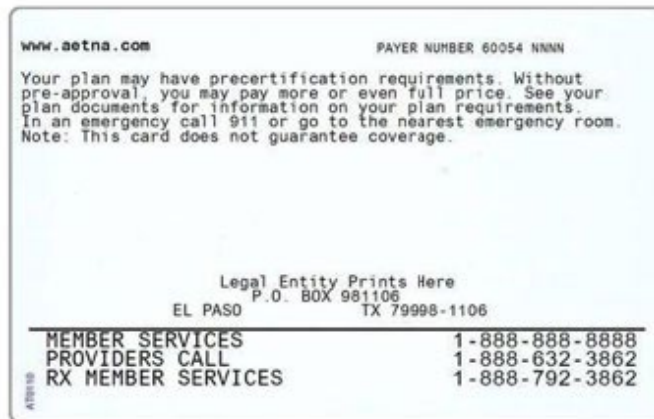
- Students are required to provide proof of valid health insurance for the duration of the program. Please upload the **front and back** of your health insurance card to myRecordTracker.
- Your name must be listed on the insurance card to prove validity, either as primary insured or as a dependent. If it is not, you may be asked for a letter from your insurance carrier providing proof of coverage under your name.
- If your insurance changes during the course of the program, it is your responsibility to inform the Credentialing Coordinator and upload the front and back of the new insurance card.

Sample Insurance Card

Front



Back



Student Health Requirements (Check with site for site-specific requirements)

Attached is the NCC health form that must be completed and **uploaded** to myRecordTracker®. All health-related information must be uploaded by the due date given in order to continue in the program. **Failure to upload all of the required information by the due date will result in dismissal from the program.**

The Health and Wellness Center at Northampton Community College is operated by St. Luke's University Health Network, Bethlehem, PA. Physical examinations and some of the required immunizations may be obtained at the Health and Wellness Center. Please call 610-861-5365 for more information or to schedule an appointment. You may also contact St. Luke's Urgent Care Center, 153 Brodhead Road, Bethlehem, PA, 610-954-3220, to make an appointment for health services if you do not have your own family physician.

Health insurance is **required** for all Health Career Programs and must be maintained throughout the duration of the Program. It is the student's responsibility to upload a copy of the front and back of the new insurance card immediately.

The checklist below provides an overview of what must be completed on the Health Form. Please be sure to check form BEFORE leaving Medical Provider's Office to ensure all items are completed.

PAGE 1 – Student Information (to be completed by student)		
<input type="checkbox"/>	Personal Information	<ul style="list-style-type: none"> Student to complete <u>and sign</u> first page of health form
<input type="checkbox"/>	Health Insurance	<ul style="list-style-type: none"> Students must have personal health insurance Complete health insurance section on first page
PAGE 2 – Physical (to be completed by physician)		
<input type="checkbox"/>	Physical Performed by Medical Provider	<ul style="list-style-type: none"> Bring health form <u>and OSHA form</u> to scheduled appointment Medical provider MUST clear student for N95 fit testing Be sure provider <u>initials</u> all boxes on Page 2 of Health Form and also signs form
PAGE 3 – Immunizations, Vaccinations, and Titers (Bloodwork)		
<input type="checkbox"/>	Varicella	<ul style="list-style-type: none"> Must show proof of two Varicella vaccinations – <i>OR</i> – Titer to prove immunity Proof of disease is NOT acceptable
<input type="checkbox"/>	MMR	<ul style="list-style-type: none"> Must provide proof of two MMR vaccinations – <i>OR</i> – Three titers to prove immunity (Measles, Mumps, Rubella)
<input type="checkbox"/>	Hepatitis B	<ul style="list-style-type: none"> Must provide proof of three Hepatitis B vaccinations
<input type="checkbox"/>	Hepatitis B Surface Antibody – QUANTITATIVE Titer ***REQUIRED***	<ul style="list-style-type: none"> All students are required to obtain Hep B Surface Antibody in addition to Hep B vaccination dates to show immunity level Should be done now in case further vaccinations are necessary
<input type="checkbox"/>	Hepatitis B Booster or Repeat Series	<ul style="list-style-type: none"> Start immediately <u>ONLY</u> if antibody titer shows no (repeat all 3 doses) or low (get booster dose) immunity.
<input type="checkbox"/>	TDAP	<ul style="list-style-type: none"> Proof of TDAP dated within 10 years
<input type="checkbox"/>	Influenza Vaccination (<i>Seasonal</i>)	<ul style="list-style-type: none"> Required for all classes
<input type="checkbox"/>	COVID-19 Vaccination	<ul style="list-style-type: none"> Must provide proof of COVID-19 vaccination(s) as mandated and boosters warranted (see myRecordTracker instructions)
PAGE 4 – TB Testing (to be completed by physician or clinical staff)		
<input type="checkbox"/>	Step #1 TB Test Results (<i>must be within 12 months of clinical</i>)	<ul style="list-style-type: none"> 1st TB test must be administered, and results documented 48-72 hours later
<input type="checkbox"/>	Step #2 TB Test Results (<i>must be within 3 months of clinical</i>)	<ul style="list-style-type: none"> One week after 1st test is read, have second test administered, and results documented 48-72 hours later
<input type="checkbox"/>	IMPORTANT NOTE REGARDING TB TESTING: <ul style="list-style-type: none"> QuantiFERON® blood testing may be administered in place of the two-step TB testing. QuantiFERON® or chest x-ray must be performed in the event of any positive results from the skin testing. 	

NORTHAMPTON

COMMUNITY COLLEGE

NCC Health & Wellness Center

Main Campus ♦ College Center ♦ Room 120
3835 Green Pond Road ♦ Bethlehem, PA 18020
Phone: 610-861-5365 ♦ Fax: 610-861-4545

IMPORTANT: STUDENTS MUST OBTAIN ORDERS FROM THE HEALTH CENTER OR THEIR MEDICAL PROVIDER BEFORE GOING FOR LAB TESTING.

NCC Health & Wellness Center Physical Exam and Health Requirement Options

Physical Exams	\$25.00 <i>(by appointment only at the Health & Wellness Center)</i>	\$50.00 <i>(at St. Luke's North*)</i>
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Required Vaccines/Titers

IMMUNIZATION	VACCINE PRICES	TITER PRICES
	<i>Available at both the Health & Wellness Center and St. Luke's North*</i>	<i>Prices apply if paid at time of service</i>
Hepatitis B (per dose)	\$50.00 <i>(3 doses needed for series)</i>	\$29.15
Hepatitis B Surface Antibody		\$29.15
Hepatitis C Antibody with Reflex		\$20.00 <i>(Price will be higher if Antibody is positive)</i>
Meningitis (Menactra)	\$135.00	
MMR (per dose)	\$85.00 <i>(2 doses needed)</i>	Measles \$26.82 Mumps \$35.64 Rubella \$26.82
Tetanus (Tdap)	\$40.00 <i>(includes pertussis)</i>	
Tuberculin Skin Test (PPD)	\$15.00 <i>(per test)</i>	QuantiFERON Gold® \$80.00
Varicella (per dose)	\$150.00 <i>(2 doses needed)</i>	\$27.36
Venipuncture –		\$4.50 <i>(One-time draw charge)</i>

* St. Luke's North may also charge an administration fee.

Health and Wellness Center

Northampton Community College
College Center, Room 120
3835 Green Pond Road
Bethlehem, PA 18020

NORTHAMPTON
COMMUNITY COLLEGE**PUBLIC HEALTH FIELD EXPERIENCE**
HEALTH FORM

For questions about health
requirements, please contact:

610-861-5365

or

HealthCenter@Northampton.edu**PART I – REPORT OF MEDICAL HISTORY**

Please complete (*print all sections*). **International students:** please provide all health documents translated into English.

Student Name: _____
Last First Middle

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Email Address: _____

Program/Major: _____ **Public Health**Semester: ☐ FA ☐ SP ☐ SU Year _____**Student ID #:** _____Gender: ☐ Male ☐ Female ☐ Other _____Preferred: ☐ He/Him ☐ She/Her ☐ They/Them

Cell Phone: _____

Date of Birth: _____ / _____ / _____On Campus Housing: ☐ Yes ☐ NoCampus: ☐ Main ☐ Fowler ☐ Monroe**I. EMERGENCY NOTIFICATION**

Name of Contact: _____

Home Address: _____

Primary Phone: _____

Relationship: _____

City/State/ Zip: _____

Alternate Phone: _____

II. MEDICAL HISTORY – Please answer yes or no to all questions and insert the year for all positive answers:

	Yes	No	Please Explain
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
▪ Drugs			
▪ Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Vision Disorder			
Other (Specify)			

ACCIDENT AND HEALTH INSURANCE (Required) – Student must upload a copy of current health insurance card (front and back) to myRecordTracker®. Student is required to have valid health insurance for the duration of the program, and must notify the Program Director and the Health and Wellness Center of any change in health insurance which occurs during the program, and upload a copy of the new insurance card.

If the above-named emergency contact cannot be reached at the time of an emergency, the College is authorized to send the above-named student to the nearest hospital and/or to administer necessary emergency care. In addition, I authorize the release of information regarding my health/medical status to the Program Director and appropriate designee(s), to the Northampton Community College Health and Wellness Center, to the appropriate health care agency in which I am completing clinical requirements, and/or to the above-named emergency contact.

Student signature (Parent/Guardian if under 18 years of age)_____
Date

PART II-REPORT OF MEDICAL EXAMINATION

A physical examination completed **within 6 months of the start of the clinical experience** by a licensed medical provider (MD, DO, CRNP, or PA-C) is **required** prior to entry into clinical practice. Clinical work is **PROHIBITED** until the required medical forms are uploaded and verified.

Name: _____	Student ID: _____	DOB: _____
--------------------	--------------------------	-------------------

I. Height _____ Weight _____ Blood Pressure _____ Pulse _____

II. Vision Uncorrected R _____ L _____
 Corrected R _____ L _____

III. Clinical Examination: *Describe details of abnormalities*

Date of Examination: _____

	Normal	Abnormal	Comments
Skin			
Head and scalp			
Eyes			
Ears/Hearing			
Mouth, Nose, Throat			
Neck			
Heart			
Lungs			
Abdomen			
Genitourinary			
Musculoskeletal			
Neurological			
Psychiatric			
Exposure to Hepatitis A, B, or C			<i>If positive for exposure, please submit titers.</i>

Allergies	
Medications taken on a regular basis	

IMPORTANT LICENSED PROVIDER, PLEASE INITIAL TO CERTIFY THE FOLLOWING:	INITIALS
I certify that the applicant is free from communicable diseases in the communicable state.	
I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note them in the comments section below.)	
Comments (<i>if applicant has any limitations, please explain</i>):	

Please print, type or stamp:

Name of Licensed Provider _____

Address: _____

Signature of Licensed Provider _____ Date _____

CLINICAL REQUIREMENTS

To meet the requirements set forth by NCC, Clinical Sites and OSHA, you will need to obtain and upload to myRecordTracker® documentation for the following immunizations and tests before beginning your experience at Clinical Sites.

IMMUNIZATIONS (Vaccinations)

All students are required to **UPLOAD immunization records** to myRecordTracker® for the following:

- **Varicella** (Chickenpox) – 2 doses after age 12 months
- **MMR*** – 1st dose after age 12 months, and 2nd dose after age 4 years
- **Hepatitis B** – 3 doses
- **TDAP** – Tetanus Diphtheria Acellular Pertussis (*Dated within 10 years*)
- **Influenza** – Current Season (*Required if participating September – April*)

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE TITER

- **All Students** are required to obtain the **Hepatitis B Surface Antibody, QUANTITATIVE Titer** to determine immunity status and **UPLOAD the lab report** to myRecordTracker®.
- **Titer results must be dated within the past three years.**

HEPATITIS B REPEAT SERIES OR BOOSTER (*Required if titer shows no or low immunity*)

- If the Hepatitis B Surface Antibody, Quantitative Titer shows no immunity, the repeat series of three doses should be started immediately.
- If the titer shows low immunity, a booster dose should be given immediately. The repeat titer should be given one month after the booster or last dose.
- Any repeat doses, booster, and titer reports must be uploaded to myRecordTracker® each time they are received.

COVID-19 VACCINATION AND BOOSTER RECORDS

- COVID-19 Vaccinations are required by major healthcare networks to protect yourself and others while working in healthcare. Please upload proof of your vaccination(s). You must provide proof of two doses of monovalent vaccines (Pfizer or Moderna) received prior to September 1, 2022, or one dose of bivalent vaccine if vaccinated after that date. If you received only one dose of monovalent vaccine (one dose of J & J, or one dose of the Pfizer or Moderna vaccine), you are required to also receive one dose of the bivalent Moderna or Pfizer vaccine. You will be required to provide a copy of your COVID-19 vaccination card to your internship/externship site.
- If you have received a COVID-19 booster, please provide proof, although not mandatory at this time.

TITERS (Bloodwork)

- **If immunization records are not available**, students are required to obtain titers to determine immunity status for the above listed requirements. **All titer results must be dated within three years.**
- Documentation of the Chickenpox disease is not considered acceptable for immunity, and a titer must be drawn.

SUPPORTING DOCUMENTATION OPTIONS

- Immunization records can include your childhood and/or school immunization records – or a printout from your medical provider.
- Lab reports must contain titer results **dated within the past three years** showing level of immunity.

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: -10px;"> Last First Middle </div>	Student ID # _____
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TUBERCULOSIS SCREENING REQUIREMENTS

In order for any student to observe in any area of the Clinical Site, Tuberculosis screening must be administered and documented and may be obtained by skin testing or blood test. **Two** TB skin tests are required **within 12 months, the most recent within 3 months, of the start of your Clinical Experience**. A QuantiFERON-TB Gold blood test may be administered **within 3 months of the start of your Clinical Experience**, in lieu of the two TB skin tests. **Document the results below and/or upload relevant documentation.**

**** If results are positive (greater than 10mm induration), or if there is any history of a previous positive TB test, either the QuantiFERON-TB Gold blood test or chest x-ray must be performed.**

A. **Two TB Skin Tests** - within 12 months, **the most recent within 3 months**, of the start of the clinical experience.

STEP 1	Date	Arm	Results (mm)	Signature
Administered				
Results Read			<input type="checkbox"/> (+) <input type="checkbox"/> (-) ____mm	

*** AND ***

STEP 2	Date	Arm	Results (mm)	Signature
Administered				
Results Read			<input type="checkbox"/> (+) <input type="checkbox"/> (-) ____mm	

- OR -

B. **QuantiFERON-TB Gold or T-SPOT-TB blood test** - within **3 months** of the start of the clinical experience:
MUST UPLOAD COPY OF LAB REPORT.

- OR -

C. **Chest X-Ray** - within **6 months** of the start of the clinical experience:
MUST UPLOAD COPY OF CHEST X-RAY REPORT.

NOTE: TB testing can be administered at the location of the student's choice (i.e., private physician's office, NCC Health and Wellness Center, or at any clinic.) The student is responsible for any and all charges.

TO BE COMPLETED BY MEDICAL PROVIDER WHEN TB RESULTS ARE VERIFIED:

<i>Please print, type or stamp:</i>	
Name of Licensed Provider _____	
Address: _____	
Signature of Licensed Provider _____	Date _____

URINE DRUG SCREENING REQUIREMENTS

NCC's Public Health program is affiliated with healthcare providers throughout the region. A number of these facilities now require students participating in clinical education at their site to have a drug screen completed prior to attending clinical.

When do I go for my drug screen?

You will be given information and dates to have your drug screen done. This may be done during class, or you may be required to go to a testing facility. **You may only be given 24 hours' notice prior to testing.** If it is being done at a facility, you will be expected to report at your designated time. It is important that you report in the specified time frame in order for the facility to process and deliver the results in enough time for you to be approved for your Internship.

Where do I go to have the drug screen done?

The test may be performed during class or at a testing facility at NCC's discretion, and the facility will communicate the results directly to the NCC Health Center. Health Career program directors will communicate with the Health Center staff to ensure that all students are compliant with the requirement and all student results are negative.

What should I bring with me?

You should bring the drug screen form that will be given to you in class, as well as photo identification and payment. In addition, you should bring any prescription medications you have been taking.

What is the cost of the test?

The cost of the test may range from \$30 to \$36 and is due at time of service. Payment may be made by cash or check. **Again, you may only be given 24 hours' notice of testing, so it is important that you have payment funds readily available.**

What if my drug screen is positive?

Students will only be permitted to attend clinical education if they have a negative drug screen. Any student with a positive screen will be immediately withdrawn from the program.

What if I have a Medical Marijuana Card?

Northampton Community College follows Pennsylvania State and Federal laws and guidelines about the use of medical marijuana. Please read the following NCC Health Careers Medical Marijuana Policy and signify your understanding of this policy by signing the document and uploading the signed form to myRecordTracker.

REMINDER: Do not obtain drug screen now! You will be given instructions as to when to obtain the drug screen at a later date.



MYRECORDTRACKER

STUDENT GUIDE

IMPORTANT NOTICE

- ⬆ Although you should begin obtaining all of your requirements immediately, you will not be able to upload them until you have received an email from myRecordTracker@VerticalScreen.com with instructions on creating your account, **which may take three to four weeks from notice of your acceptance.**
- ⬆ Please check your spam folder if you do not receive the email within this timeframe.
- ⬆ Use **1/1/2099** when prompted for an expiration date.
- ⬆ If you are a student in a Health Career Program **and** living in the Residence Halls, you will be required to use **both your NCC Student email address and a personal email address in order to create TWO separate myRecordTracker® accounts.**
- ⬆ If you have questions regarding the email accounts, please contact the NCC Technology Services Help Desk at 610-861-5413 or helpdesk@northampton.edu.

EMPOWERED BY  VERTICAL SCREEN

Proprietary information. Property of Certiphi Screening, Inc.
This confidential information is not to be shared with any party outside of your department/company without the written consent of Certiphi Screening, Inc.

WELCOME

This guide will provide you with clear, concise step-by-step instructions for accessing myRecordTracker to upload and share documentation pertaining to your student requirements. If you have questions about myRecordTracker, please contact Certiphi Screening's Applicant Services team at 800-735-2660, ext. 2006 or myrecordtracker@verticalscreen.com.

STEP 1: EMAIL NOTIFICATION

You will receive an email notification from myrecordtracker@verticalscreen.com with important instructions on how to access and create a myRecordTracker account. The following is a sample email that you will receive to initiate the record fulfillment process.

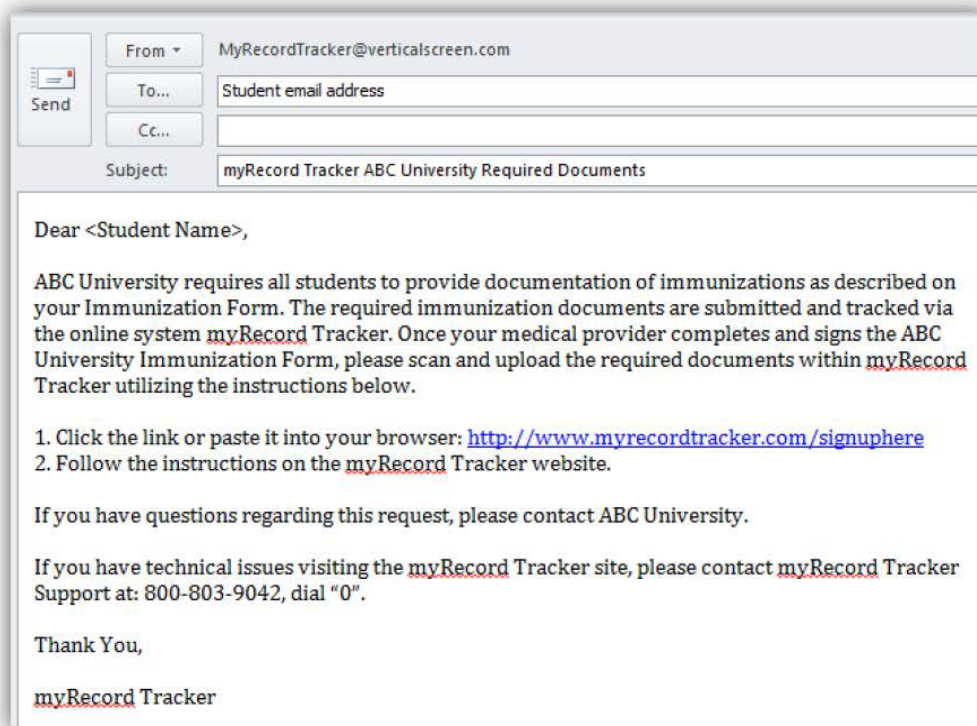


Figure 1: Sample email from school

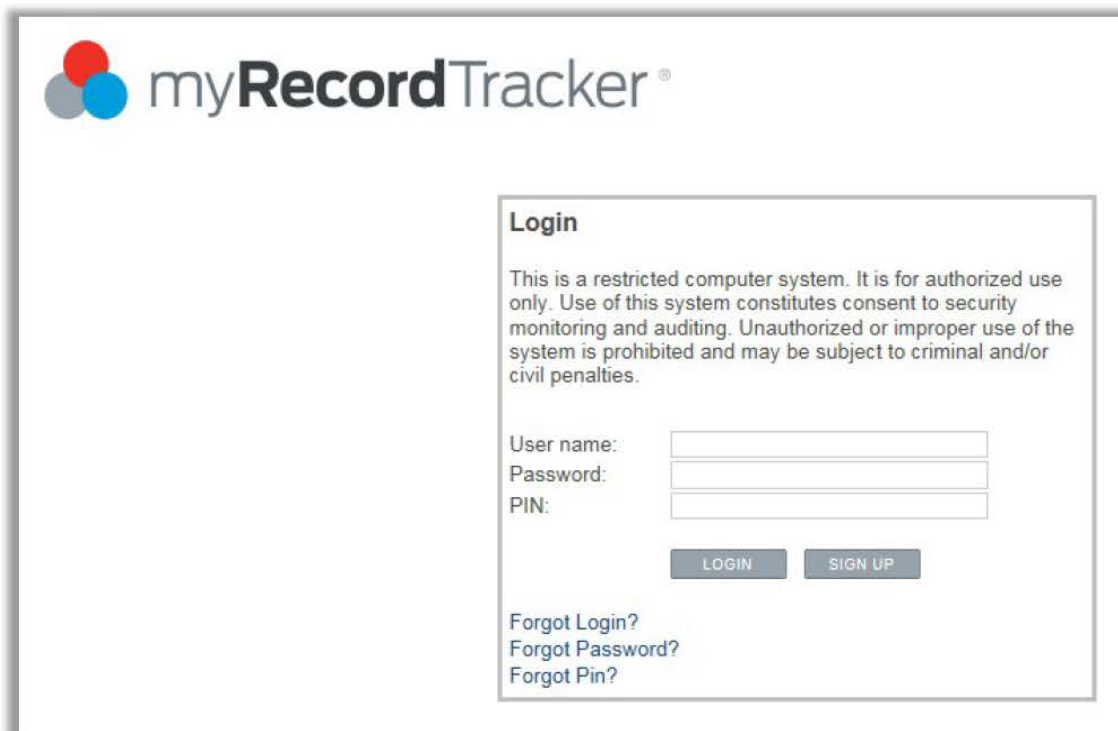
NOTE: In order for you to receive the invitation email from myRecordTracker, the school must have uploaded your contact information into the myRecordTracker system. If you are expecting an invitation email to myRecordTracker, but you have not received one, contact the school.

The myRecordTracker invitation email will prompt you to use the link provided to create a myRecordTracker account. Once you create an account, you can begin fulfilling the program requirements.

NOTE: Please do not share the URL included in the invitation email. The URL is only available for one-time use to set up your profile and is unique to your particular profile and requirements.

STEP 2: ACCESSING MYRECORDTRACKER

Once your myRecordTracker account is created, you can log in to gain access to your account by visiting www.myrecordtracker.com and entering your username, password and PIN.

The image shows the myRecordTracker login screen. At the top left is the myRecordTracker logo, which consists of three overlapping circles (red, blue, and grey) followed by the text "myRecordTracker®". Below the logo is a "Login" section. This section contains a disclaimer: "This is a restricted computer system. It is for authorized use only. Use of this system constitutes consent to security monitoring and auditing. Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties." Below the disclaimer are three input fields labeled "User name:", "Password:", and "PIN:". To the right of each label is a corresponding text input box. Below these fields are two buttons: "LOGIN" and "SIGN UP". At the bottom of the login section are three links: "Forgot Login?", "Forgot Password?", and "Forgot Pin?".

myRecordTracker®

Login

This is a restricted computer system. It is for authorized use only. Use of this system constitutes consent to security monitoring and auditing. Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties.

User name:

Password:

PIN:

[Forgot Login?](#)
[Forgot Password?](#)
[Forgot Pin?](#)

Figure 2: The myRecordTracker login screen

How to Complete Your myRecordTracker Requirements

Each requirement within your myRecordTracker profile requires a response in the student input section. If a document is required, please provide a completed copy of the document. If a question is asked, please respond to the question asked. Once a requirement is met, you will see "Pending Approval" appear in the status column. Once the requirement is approved, the requirement status will show as "completed". *** It is necessary that all requirements are completed by the due date indicated within the profile.**

A required document may be provided in two ways.

- A scanned copy can be uploaded directly to your myRecordTracker account by clicking the "UPLOAD" button below.
- If you are unable to upload, the document can also be faxed or mailed to Certiphi Screening. Please click the "FAX/MAIL" button below to generate a cover sheet to include when faxing/mailing document(s).

A required document may be provided in two ways. A scanned copy can be uploaded directly to your myRecordTracker® account by clicking the "UPLOAD" button below. If you are unable to upload, the document can also be faxed or mailed to myRecordTracker. Please click the "FAX/MAIL" button below to generate a cover sheet to include when faxing/mailing your document(s).

UPLOAD **FAX / MAIL**

School Requirement	Student Input	Status
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If applicable, the opportunity also exists to attach a single document to multiple requirements. If you choose to upload your document, you will be directed to the Upload Document section of the website (shown below). This will allow you to select and submit the necessary document:

Upload Document

Click the browse button to locate the file you wish to upload.

Browse...

CANCEL **SUBMIT**

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Name your document *

Attach document to available requirement(s)

☐ Hepatitis B Recombinant Vaccine - 2nd dose

Optionally attach more documents to these requirements below that already have the minimum number of documents:

☐ Hepatitis B Recombinant Vaccine - 3rd dose

☐ Measles - Mumps - Rubella Live Vaccine

☐ Varicella Zoster (Chickenpox)

☐ 1 Current Annual Influenza Vaccination

☐ Physical and Mental Health Exam

☐ CPR Certification

☐ Copy of Drivers License

☐ Test 223

Document Preview

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Recorded PowerPoints and a more detailed Student User Guide can be found on the Health Science Resource Website at:

<https://www.northampton.edu/education-and-training/programs/health-science-resources.html>