NORTHAMPTON COMMUNITY COLLEGE

PHLEBOTOMY TECHNICIAN - PROGRAM REQUIREMENTS STUDENT CHECKLIST

Students who fail to submit documents by the required dates will not qualify to participate in all aspects of the class. All associated student requirement costs are the responsibility of the student.			
	SECTION	**REQUIREMENT**	**INSTRUCTIONS AND IMPORTANT NOTES**
☐	Section A	Verification of Residency	• Please read, sign and upload to MyRecordTracker
☐	Section B	Photo Identification Requirements	• Please read and upload to MyRecordTracker
☐	Section C	Essential Functions of a Phlebotomist	• Please read
☐	Section C-2	Dress Code Standards	• Please read
☐	Section D	Pennsylvania Criminal Background Clearance	• PATCH - see detailed instructions to complete online • Do immediately!
☐	Section E	FBI Criminal Background Clearance	• See detailed instructions (including fingerprinting) • Do immediately! It may take up to 2 weeks to come back after fingerprinting but may take as long as 1 month.
☐	Section F	Pennsylvania Child Abuse History Clearance	• See detailed instructions • Do immediately! • Select both online and by mail options
☐	Section G	FBI Background Clearance Instructions (Aging)	• If you have not lived in Pennsylvania for the past (2) consecutive years, you are required to obtain an FBI through the Pennsylvania Department of Aging. Please follow instructions on form.
☐	Section G-2	Background Check Review Process	• Important Background Check Review Process Information
☐	Section G-3	Positive Background Clearance Information	• Please read
☐	Section H	Health Network Employee Identification	• Do you work for one of the major healthcare networks? Answer "yes" or "no" **_and_** upload your ID badge, **_if applicable._**
☐	Section I	BLS for Healthcare Providers	• PLEASE NOTE: BLS IS A PART OF YOUR CURRICULUM AND YOU WILL TAKE A BLS COURSE DURING CLASS. • AFTER COMPLETION OF BLS COURSE: Upload a copy of the front and back of your BLS card
☐	Section J	Proof of Health Insurance	• Health insurance must cover student throughout the course
☐	Section K	Student Health Requirements including: Physical Exam, Vaccinations, Immunizations, Titers, COVID-19 Vaccinations, TB Testing	• Health Form must be completed by a medical provider – MD, DO, PA-C, or CRNP • Must provide and upload immunization records and lab reports for all titers (bloodwork).
☐	Section L	OSHA Questionnaire/Fit Test Certificate	• Complete and bring to your appointment for physical • Provider must complete Medical Clearance Form • Upload completed clearance to myRecordTracker • Once fit testing is done, upload your certificate
☐	Section M	Drug Screening Instructions	• Student will be given 24 hours' advance notification • Student is responsible for $34 payment at time of service

☐	Section N	Medical Marijuana Policy	• Read, sign, and upload to myRecordTracker
☐	Section O	Student Release of Information Form for Clinical Sites	• Read, sign, and upload to myRecordTracker • Grants permission to share information with clinical site
☐	Section P	Blood Draw Consent Form	• Upload signed and witnessed form to myRecordTracker
☐	Section Q	MyRecordTracker Student Guide	• May take up to three weeks to get invitation from myrecordtracker@verticalscreen.com

03.10.2022

NORTHAMPTON
COMMUNITY COLLEGE

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:_____

For NCC Staff Use Only

☐ I am the Authorized NCC Representative who received this completed form and verified the applicant's current residency by comparison with an official State-issued photo identification.

☐ I have verified the applicant's residency for the past two (2) consecutive years or more.

        PA Department of Aging FBI clearance needed: ☐ **Yes**   ☐ **N/A**

Authorized NCC Representative:_____

Title:_____   Date:_____

PHOTO IDENTIFICATION REQUIREMENTS

You have three options for your photo ID as listed below. Choose ONE of the following three ID options and upload it to myRecordTracker. Please be sure it is VALID for the duration of the program. If is it expired, you MUST renew it, and if it expires during the course of the program, you must upload the new one when you receive it. Thank you!

State-issued Driver's License	
State-issued Identification Card	
NCC Student Identification Card	

All individuals, including persons with disabilities, who apply for admission to the Phlebotomy program, must be able to perform specific essential functions with or without reasonable accommodation. The following information outlines the abilities and behavioral characteristics necessary for the student to be admitted to, continue in, and complete, the Phlebotomy program at NCC, and are considered standards of admission. These standards are based upon required abilities that are compatible with effective performance in allied health programs. If an applicant is not able to meet the essential functions, he/she is responsible to identify his/her inability to perform the required tasks, with or without accommodation. If while in the program, a student fails to perform these essential functions, with or without accommodation, the student will be removed from the program as the essential functions are considered essential performance standards for health care professionals. All students enrolled in the Phlebotomy Program are required to meet these essential functions. Allowing for individual differences and encouraging program completion for students with a documented disability, the allied health programs will work with the student and the Center on Disability to provide any reasonable accommodation to meet these performance standards when appropriate. The applicant should consult with the Program Manager to discuss any individual situation if he or she may not be able to meet these essential qualifications. To request more information on accommodations, please call the Disability Services office at (610) 861-5342. *Requests for reasonable accommodation will be considered.* Northampton Community College does not discriminate based on race, color, national origin, sex, gender identity, disability or age in its programs or activities.

Vision
Students must be able to read instruments, scales, charts, fine print, and graphs that may include color differentiation and depth perception. Students are required to prepare and maintain medical records, recognize emergencies, read orders, read identifications, assess patient physical conditions, and read and document information in both written and computerized formats.

Speech and Hearing
Student must have sufficient speech and hearing ability to interact using verbal communications with patients and other members of the healthcare team not solely based on visual cues. The student must be able to hear timers, alarms, heart and blood pressure sounds, and is able to transmit that information to members of the health care team. The student must be able to obtain accurate blood pressure, interview and take patient information, instruct patients with special needs, use proper telephone technique, receive, organize, prioritize, and transmit information and perform medical transcription.

Fine Motor Functions
Students must demonstrate all the skills necessary to carry out diagnostic and clinical procedures, and safely operate equipment. This includes grasping with both hands and pinching with thumb or forefinger to manipulate collection equipment, venipuncture needles, micropipettes, and delicate instruments. The student must be able to perform phlebotomy and use lab analyzers safely and accurately. This may include handling small containers of potentially bio-hazardous specimens, putting on personal protective equipment, and setting up and maintaining a sterile field. In addition, the student must be able to perform basic clerical skills and utilize a computer.

Gross Motor Functions
Students must be able to support patients when ambulating, assisting patients in and out of a wheelchair, and on and off an exam table. An example may include pushing a patient weighing 200 pounds in a wheelchair. The student must be able to kneel, bend, stoop, and /or crouch to reach equipment, patient supplies, respond

to emergency situations in a timely fashion, and perform CPR.   This may include lifting and caring equipment weighing up to 50 lbs., bending, reaching above the shoulders and/or twisting to position examination table, and/or adjust equipment, to move quickly from place to place to perform client care, following safe practices and techniques and to reach laboratory benchtops and equipment.

Psychological Stability

Students must demonstrate the ability to handle difficult interpersonal and stressful situations in a calm, tactful, and responsible manner. Students must be able to recognize emergency situations and be able to take effective and appropriate action. The student must display attitudes and actions consistent with medical ethical standards.

Communication

Students must have adequate communication skills to communicate and comprehend English orally and in writing with patients and members of the health care team using correct medical terminology, grammar, punctuation and spelling. Additionally, the student's communication skills must be effective and respectfully transmitted to provide or obtain information. Verbal communication must be clear and easily understood.

Intellectual and Cognitive Abilities

Student must be able to measure, calculate, reason, analyze, synthesize, integrate, and apply information. The ability to perceive events realistically, to think clearly and rationally, and to function appropriately and efficiently in routine and stressful situations. Students must be able to identify cause-effect relationships in clinical situations and respond competently within scope of practice.

Behavioral and Social Attributes

Student must possess the emotional health required to use his or her intellectual abilities fully, such as exercising good judgment, promptly completing all responsibilities, attend to the care of patients, and develop mature, sensitive, and effective relationships with patients and other healthcare professionals. Students must be able to tolerate physically taxing workloads and function effectively under stress. The student must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients. Work is of high attention and mental demands including the ability to prioritize and process with accuracy. Move quickly and/or tolerate long periods of standing and/or sitting. Perform tasks accurately under time constraints.

Ethical Standards

Students must demonstrate professional demeanor and behavior and must perform in an ethical manner in all dealings with peers, faculty, staff, and patients.

DRESS CODE STANDARDS

Uniforms

Solid Navy Blue Scrub Top and Scrub Pants

- Must wear on all Class and Lab Days, and Externship
- Can wear lab jacket (Navy Blue or White) if needed
- Can wear solid color (White or Navy Blue) long-sleeved t-shirt under scrub top
- Closed-toe, solid white shoes or sneakers – no clogs or open backs

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 Program Director, 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: **1KG 756**

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		
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 *and* 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
➢ 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 to10 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 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 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:

11.   **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**

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

13.   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.

14.   **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.**

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

16.   **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

17.   **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.)**

18.   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 to10 business days to reach the intended destination.

19.   Upload results of your FBI Aging Clearance **PRIOR TO THE DUE DATE** given to your student account at https://www.myrecordtracker.com.

20.   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.

21.   **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.

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****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 Allied Health 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 Allied Health 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 Allied Health Review Committee after the **background clearances, including the RAP sheet,** together with a written, detailed explanation are uploaded to myRecordTracker® (See Section E). Upon receipt of the statement and clearances, the Allied Health 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 with a criminal record based on that site's own criteria. In the event that a student is denied clinical placement based on their criminal record, their acceptance may be rescinded.

The following page contains a list of Prohibitive Offenses which may make it difficult to obtain an internship/externship or employment position within a healthcare facility.

Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be admitted into a program if the applicant's criminal history record information indicates a conviction of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.). These offenses may be designated as "CS" on a criminal rap sheet.

2. An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes below.

3. A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any two Misdemeanor convictions for offenses CC3901 thru CC3934 in any combination is prohibited.

Revised 12/24/2019

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 Jaye Brennan, Credentialing Coordinator at jpbrennan@northampton.edu or 610-332-6288.

DO YOU WORK FOR ONE OF THE MAJOR HEALTH NETWORKS?

There are **two** requirements for this on myRecordTracker. **Both are YES/NO questions**. Please answer "YES" if you work for Lehigh Valley Health Network, St. Luke's University Health Network, Grand View Health, or any of their combined facilities or medical offices.

If you work for a health network, please answer "YES to both requirements," please type in the name of the health network in the first requirement and upload a copy of your employee ID badge in the second requirement.

If you do not work for a health network, please answer "NO" to both requirements so we can mark them completed.

Thank you!

As part of your Phlebotomy Technician Program curriculum, you will take a BLS for Healthcare Providers Certification course. Once completed and passed, please upload your certification card *(front and back – see example below)* or certificate *(see example below).*

PLEASE NOTE: AS MENTIONED ABOVE, THIS IS PART OF YOUR CURRICULUM AND YOU DO <u>NOT</u> NEED TO TAKE THIS AHEAD OF TIME.

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 ↓
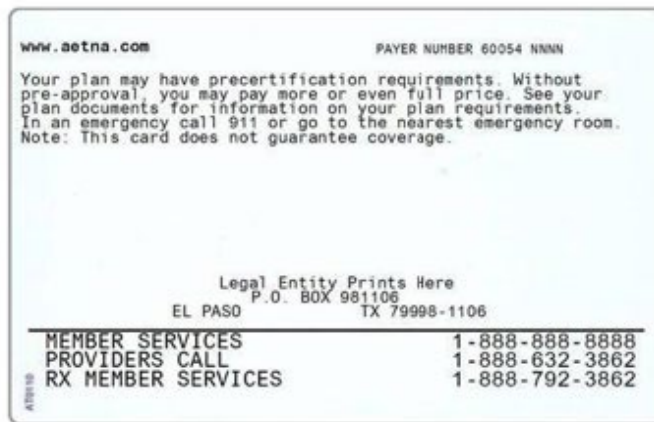
Student Health Requirements

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 Allied Health 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)	
☐	Personal Information	• Student to complete <u>and sign</u> first page of health form
☐	Health Insurance	• Students **must** have personal health insurance • Complete health insurance section on first page
	PAGE 2 – Physical (to be completed by physician)	
☐	Physical Performed by Medical Provider	• Bring health form **and OSHA form** 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)	
☐	Varicella	• Must show proof of two Varicella vaccinations – *OR* – • Titer to prove immunity • Proof of disease is NOT acceptable
☐	MMR	• Must provide proof of two MMR vaccinations – *OR* – • Titer to prove immunity
☐	Hepatitis B	• Must provide proof of three Hepatitis B vaccinations
☐	Hepatitis B Surface Antibody – **QUANTITATIVE Titer** ***REQUIRED***	• **Must** obtain Hep B Surface Antibody in addition to Hep B vaccination dates **to show immunity or lack of immunity** • This is **required** and must be done immediately in case further vaccinations are needed
☐	Hepatitis B Booster or Repeat Series	• Start immediately <u>ONLY</u> if antibody titer shows no (repeat all 3 doses) or low (get booster dose) immunity.
☐	TDAP	• Proof of TDAP dated **within 10 years**
☐	Influenza Vaccination *(Seasonal)*	• Required for all classes
☐	COVID-19 Vaccination	• 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)	
☐	Step #1 TB Test Results *(must be within 12 months of clinical)*	• 1st TB test must be administered, and results documented 48-72 hours later
☐	Step #2 TB Test Results *(must be within 3 months of clinical)*	• One week after 1st test is read, have second test administered, and results documented 48-72 hours later
☐	**IMPORTANT NOTE REGARDING TB TESTING:** • 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

NCC Health & Wellness Center Physical Exam and Health Requirement Options		
Physical Exams	$25.00 *(by appointment only at the Health & Wellness Center)*	$45.00 *(at St. Luke's North*)*

Required Vaccines/Titers		
IMMUNIZATION	**VACCINE PRICES**	**TITER PRICES**
	Available at both the Health & Wellness Center and St. Luke's North*	*Available at St. Luke's North* only*
Hepatitis B (titer)		$50.00 *(2 doses needed)*
Hepatitis B Series Plus Repeat Titer	$60.00 *(3 doses needed)*	
MMR (per dose)	$85.00 (2 doses needed)	
Tetanus (Tdap)	$40.00 *(includes pertussis)*	
Tuberculin Skin Test 2-Step	$30.00	
Varicella	$300.00	
Flu Vaccine (annually)	30	
Covid-19 Vaccination (currently free)		
Drug Screen	$34	

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

02.28.2022

☐ CHE Instructor

☐ Dental Assisting

☐ Nursing Reactivation

☐ Phlebotomy Technician

☐ Other_____

NORTHAMPTON
COMMUNITY COLLEGE

HEALTH FORM

HEALTHCARE EDUCATION PROGRAMS

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:_____

Student ID #:_____

Gender: ☐ Male ☐ Female ☐ Other_____

Preferred: ☐ He/Him ☐ She/Her ☐ They/Them

Cell Phone:_____

Date of Birth:_____

Program/Major:_____

Semester: ☐ FA ☐ SP ☐ SU Year_____

On Campus Housing: ☐ Yes ☐ No

Campus: ☐ 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

N/C – 05.11.2023

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			_If positive for exposure, please submit titers._

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 _(if applicant has any limitations, please explain):_	

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 full vaccination (one dose of J & J, or two doses of the Pfizer or Moderna vaccines). 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:_____   Student ID #_____

<div align="center">Last   First   Middle</div>

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 <u>within 12 months, the most recent within 3 months,</u> of the start of your Clinical Experience. A QuantiFERON-TB Gold blood test may be administered <u>within 3 months of the start of your Clinical Experience,</u> 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, <u>the most recent within 3 months</u>, of the start of the clinical experience.

STEP 1	Date	Arm	Results (mm)	Signature
Administered				
Results Read			☐ (+) ☐ (-) ___mm	

<div align="center">*** AND ***</div>

STEP 2	Date	Arm	Results (mm)	Signature
Administered				
Results Read			☐ (+) ☐ (-) ___mm	

· OR -

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

OR -

C. Chest X-Ray - within <u>6 months</u> 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:

Please print, type or stamp:

Name of Licensed Provider_____

Address:_____

Signature of Licensed Provider_____ Date_____

OSHA INFOSHEET

Respirator Medical Evaluation Questionnaire

Respirators must be used in workplaces in which employees are exposed to hazardous airborne contaminants. When respiratory protection is required employers must have a respirator protection program as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134). Before wearing a respirator, workers must first be medically evaluated using the mandatory medical questionnaire or an equivalent method. To facilitate these medical evaluations, this INFOSHEET includes the mandatory medical questionnaire to be used for these evaluations.

Medical Evaluation and Questionnaire Requirements

The requirements of the medical evaluation and for using the questionnaire are provided below:

- The employer must identify a physician or other licensed health care professional (PLHCP) to perform all medical evaluations using the medical questionnaire in Appendix C of the Respiratory Protection standard or a medical examination that obtains the same information. (See Paragraph (e)(2)(i).)

- The medical evaluation must obtain the information requested in Sections 1 and 2, Part A of Appendix C. The questions in Part B of Appendix C may be added at the discretion of the health care professional. (See Paragraph (e)(2)(ii).)

- The employer must ensure that a follow-up medical examination is provided for any employee who gives a positive response to any question among questions 1 through 8 in Part A Section 2, of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP. (See Paragraph (e)(3)(i).)

- The medical questionnaire and examinations must be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee and in a manner that ensures that he or she understands its content. The employer must not review the employee's responses, and the questionnaire must be provided directly to the PLHCP. (See Paragraph (e)(4)(i).)

Excerpt from Appendix C of 29 CFR 1910.134:
OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

> Once filled out, this form must be given to the PLHCP. This form should **not** be submitted to OSHA.

Part A Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex: ◯ Male   ◯ Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care
   professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the
    health care professional who will review this questionnaire: ◯ Yes   ◯ No

11. Check the type of respirator you will use (you can check more than one category):

    a. ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

    b. ☐ Other type (for example, half- or full-facepiece type, powered-air purifying,
       supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): ◯ Yes   ◯ No   If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

		YES	NO
1.	Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?	◯	◯
2.	Have you *ever had* any of the following conditions?		
a.	Seizures	◯	◯
b.	Diabetes (sugar disease)	◯	◯
c.	Allergic reactions that interfere with your breathing	◯	◯
d.	Claustrophobia (fear of closed-in places)	◯	◯
e.	Trouble smelling odors	◯	◯
3.	Have you *ever had* any of the following pulmonary or lung problems?		
a.	Asbestosis	◯	◯
b.	Asthma	◯	◯

		YES	NO
c.	Chronic bronchitis	◯	◯
d.	Emphysema	◯	◯
e.	Pneumonia	◯	◯
f.	Tuberculosis	◯	◯
g.	Silicosis	◯	◯
h.	Pneumothorax (collapsed lung)	◯	◯
i.	Lung cancer	◯	◯
j.	Broken ribs	◯	◯
k.	Any chest injuries or surgeries	◯	◯
l.	Any other lung problem that you've been told about	◯	◯

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

		YES	NO
a.	Shortness of breath	◯	◯
b.	Shortness of breath when walking fast on level ground or walking up a slight hill or incline	◯	◯
c.	Shortness of breath when walking with other people at an ordinary pace on level ground	◯	◯
d.	Have to stop for breath when walking at your own pace on level ground	◯	◯
e.	Shortness of breath when washing or dressing yourself	◯	◯
f.	Shortness of breath that interferes with your job	◯	◯
g.	Coughing that produces phlegm (thick sputum)	◯	◯
h.	Coughing that wakes you early in the morning	◯	◯
i.	Coughing that occurs mostly when you are lying down	◯	◯
j.	Coughing up blood in the last month	◯	◯
k.	Wheezing	◯	◯
l.	Wheezing that interferes with your job	◯	◯
m.	Chest pain when you breathe deeply	◯	◯
n.	Any other symptoms that you think may be related to lung problems	◯	◯

5. Have you *ever had* any of the following cardiovascular or heart problems?

		YES	NO
a.	Heart attack	◯	◯
b.	Stroke	◯	◯
c.	Angina	◯	◯
d.	Heart failure	◯	◯

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e.   Swelling in your legs or feet (not caused by walking)   ○ ○

f.   Heart arrhythmia (heart beating irregularly)   ○ ○

g.   High blood pressure   ○ ○

h.   Any other heart problem that you've been told about   ○ ○

6.   Have you *ever had* any of the following cardiovascular or heart symptoms?

a.   Frequent pain or tightness in your chest   ○ ○

b.   Pain or tightness in your chest during physical activity   ○ ○

c.   Pain or tightness in your chest that interferes with your job   ○ ○

d.   In the past two years, have you noticed your heart skipping or missing a beat   ○ ○

e.   Heartburn or indigestion that is not related to eating   ○ ○

f.   Any other symptoms that you think may be related to heart or circulation problems   ○ ○

7.   Do you *currently* take medication for any of the following problems?

a.   Breathing or lung problems   ○ ○

b.   Heart trouble   ○ ○

c.   Blood pressure   ○ ○

d.   Seizures   ○ ○

8.   If you've used a respirator, have you *ever had* any of the following problems?   ○ ○
(If you've never used a respirator, check the following space and go to question 9.) ☐

a.   Eye irritation   ○ ○

b.   Skin allergies or rashes   ○ ○

c.   Anxiety   ○ ○

d.   General weakness or fatigue   ○ ○

e.   Any other problem that interferes with your use of a respirator   ○ ○

9.   Would you like to talk to the health care professional who will review ☐
this questionnaire about your answers to this questionnaire?

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10.   Have you *ever* lost vision in either eye (temporarily or permanently)?   ○ ○

11.   Do you *currently* have any of the following vision problems?   ○ ○

a.   Wear contact lenses   ○ ○

b.   Wear glasses   ○ ○

c.   Color blind   ○ ○

d.   Any other eye or vision problem   ○ ○

4

		YES	NO
12.	Have you *ever had* an injury to your ears, including a broken eardrum?	◯	◯
13.	Do you *currently* have any of the following hearing problems?	◯	◯
	a. Difficulty hearing	◯	◯
	b. Wear a hearing aid	◯	◯
	c. Any other hearing or ear problem	◯	◯
14.	Have you *ever had* a back injury?	◯	◯
15.	Do you *currently* have any of the following musculoskeletal problems?	◯	◯
	a. Weakness in any of your arms, hands, legs, or feet	◯	◯
	b. Back pain	◯	◯
	c. Difficulty fully moving your arms and legs	◯	◯
	d. Pain and stiffness when you lean forward or backward at the waist	◯	◯
	e. Difficulty fully moving your head up or down	◯	◯
	f. Difficulty fully moving your head side to side	◯	◯
	g. Difficulty bending at your knees	◯	◯
	h. Difficulty squatting to the ground	◯	◯
	i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.	◯	◯
	j. Any other muscle or skeletal problem that interferes with using a respirator	◯	◯

This infosheet does not include the questions in Part B because they are not mandatory; rather, they may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

OSHA Educational Materials

OSHA has an extensive publications program. For a listing of free items, visit OSHA's web site at www.osha.gov/publications or contact the OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue, N.W., N-3101, Washington, DC 20210. Telephone (202) 693-1888 or fax to (202) 693-2498.

Contacting OSHA

To report an emergency, file a complaint or seek OSHA advice, assistance or products, call (800) 321-OSHA (6742) or contact your nearest OSHA regional, area, or State Plan office; TTY: 1-877-889-5627.

OSHA®
Occupational Safety and Health Administration

U.S. Department of Labor

DTSEM OSHA 3789-05 2015

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NORTHAMPTON
COMMUNITY COLLEGE

FIT TEST MEDICAL CLEARANCE

OSHA Form Review

Healthcare Education Programs

Name:_____
*Last**First**Middle*

DOB:_____Student ID:_____

	Program of Study			Healthcare Education Instructor
☐	Dental Assisting		☐	Nurse Aide Instructor
☐	Nursing Reactivation		☐	Nursing Reactivation Instructor
☐	Phlebotomy		☐	Phlebotomy Instructor
☐			☐	

I hereby certify that I have reviewed the attached OSHA Form for the above-named individual, and this individual is medically cleared to be fit tested for a N95 respiratory face mask.

To be completed by medical provider:

Please print, type, or stamp:

Name of Licensed Provider:_____

Address:_____

Phone:_____

Signature of Licensed Provider:_____Date:_____

URINE DRUG SCREENING REQUIREMENTS

NCC's Allied Health programs are affiliated with healthcare providers throughout the region. A number of these facilities now require students participating in clinical education at their site to have drug screens completed prior to attending clinical.

When do I go for my drug screen?
At a later date to be determined, you will be given information and dates to have your drug screen done. **YOU WILL ONLY BE GIVEN 24-48 HOURS' NOTICE**. This may be done during class, or you may be required to go to St. Luke's North or another facility. If it is done during class and you are absent on the day of testing, you will be required to go to St. Luke's North by the end of that same business day. It is important that you obtain your drug test in the specified time frame in order for St. Luke's to process and deliver the results in a timely manner.

Where do I go to have the drug screen done?
St. Luke's North is our preferred provider for these drug screens, and they are aware of NCC Allied Health student requirements. The test may be performed during class or at their site at NCC's discretion, and St. Luke's will communicate the results directly to the NCC authorized NCC Staff. Allied Health program directors will communicate with the authorized NCC 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.

What is the cost of the test?
The current cost* of the test is $34 and is due at time of service. Payment may be made by cash or check payable to St. Luke's. *****Cost is subject to change during the course of the academic year.*****

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 my provider has prescribed Medical Marijuana?
NCC has a policy for addressing the use of medical marijuana that you are able to read prior to enrolling in this program so that you are aware of the policy and its potential effects of your ability to complete this program.

REMINDER: The drug screen will be completed at a later date TBD.
Do not obtain drug screen now!

NORTHAMPTON
COMMUNITY COLLEGE

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.

Due to current laws, NCC does not provide admission to the clinical phase in any of our Health Science Career Programs. 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.

NORTHAMPTON
COMMUNITY COLLEGE

Student Release of Information Form
For Allied Health 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 the NCC Allied Health program, additional documentation is required to be submitted, including criminal background checks and drug screening results. While these items are not part of the student educational record, they are maintained as confidential by the program/division. 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 Allied Health programs.

I understand that information regarding these results will be released to the requestor according to the guidelines outlined in the affiliation agreement between the college and the clinical affiliate.

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.

In connection with my admission and enrollment in an NCC Allied Health 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 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 Allied Health 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.

NORTHAMPTON
C O M M U N I T Y   C O L L E G E

PHLEBOTOMY BLOOD DRAW <u>CONSENT</u>

I hereby affirm that I am at least 18 years of age or older, I have enrolled in the Phlebotomy Program at Northampton Community College (NCC), and I am aware of the importance of practice in developing quality phlebotomy skills which are performed as safely as possible.

In consideration of the educational opportunity being offered to me by NCC, I hereby consent to allow students within this program to practice phlebotomy techniques, including venipuncture and capillary punctures on me in the presence of an instructor or preceptor, just as I will practice these same techniques on other students in the program. I understand that there are risks, some of which are very rare, associated with phlebotomy which include, but are not limited to infection, bruising, and other potential damage to surrounding tissue. I accept these risks and agree to perform these skills as safely and professionally as possible.

I hereby agree to release and hold harmless NCC, its officers, and staff from any and all liability arising out of or related to injuries that I may receive as a result of such phlebotomy practice.

Student's Printed Name   _Student's Date of Birth_

Student's Signature   _Date_

Witness Signature   _Date_

Only SIGN **ONE** AREA
either giving your consent to, or declining to, participate in blood draws during class.

PHLEBOTOMY BLOOD DRAW <u>DECLINATION</u>

I hereby affirm that I am at least 18 years of age or older, I have enrolled in the Phlebotomy Program at Northampton Community College (NCC), and I am aware of the importance of practice in developing quality phlebotomy skills which are performed as safely as possible. However, I do not wish to participate in the person-to-person practice during classroom lab skills.

Student's Printed Name   _Student's Date of Birth_

Student's Signature   _Date_

MYRECORDTRACKER
STUDENT GUIDE

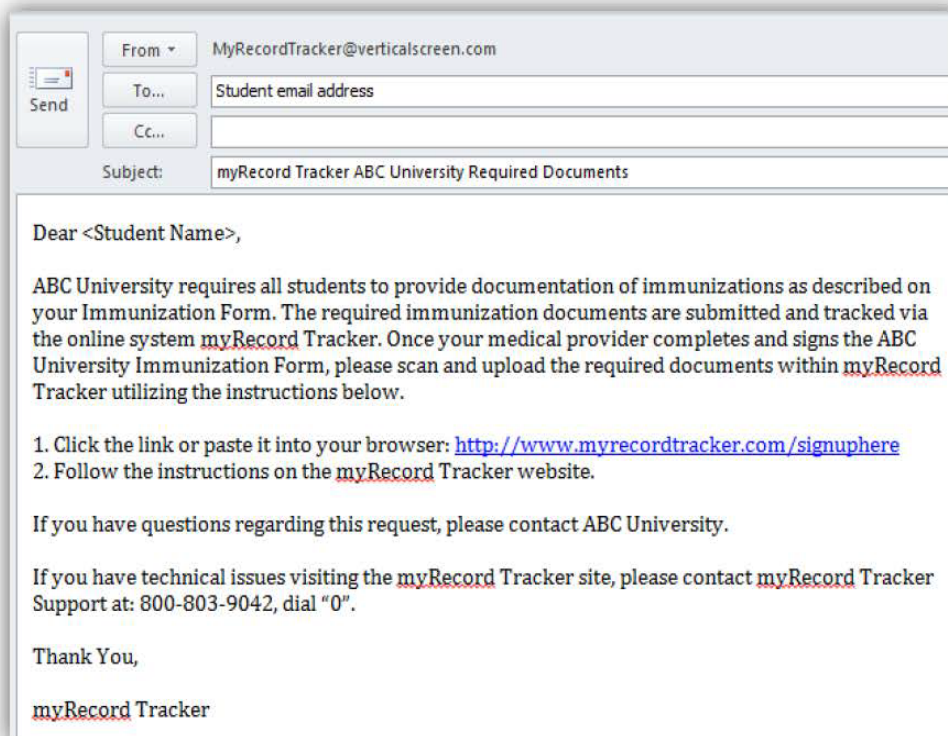- - - - - - - - - - - - - - - - - - - -

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 an Allied Health major **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**

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.

From ▾ MyRecordTracker@verticalscreen.com

To... Student email address

Cc...

Subject: myRecord Tracker ABC University Required Documents

Dear <Student Name>,

ABC University requires all students to provide documentation of immunizations as described on your Immunization Form. The required immunization documents are submitted and tracked via the online system myRecord Tracker. Once your medical provider completes and signs the ABC University Immunization Form, please scan and upload the required documents within myRecord Tracker utilizing the instructions below.

1. Click the link or paste it into your browser: http://www.myrecordtracker.com/signuphere
2. Follow the instructions on the myRecord Tracker website.

If you have questions regarding this request, please contact ABC University.

If you have technical issues visiting the myRecord Tracker site, please contact myRecord Tracker Support at: 800-803-9042, dial "0".

Thank You,

myRecord Tracker

Figure 1: Sample email from school
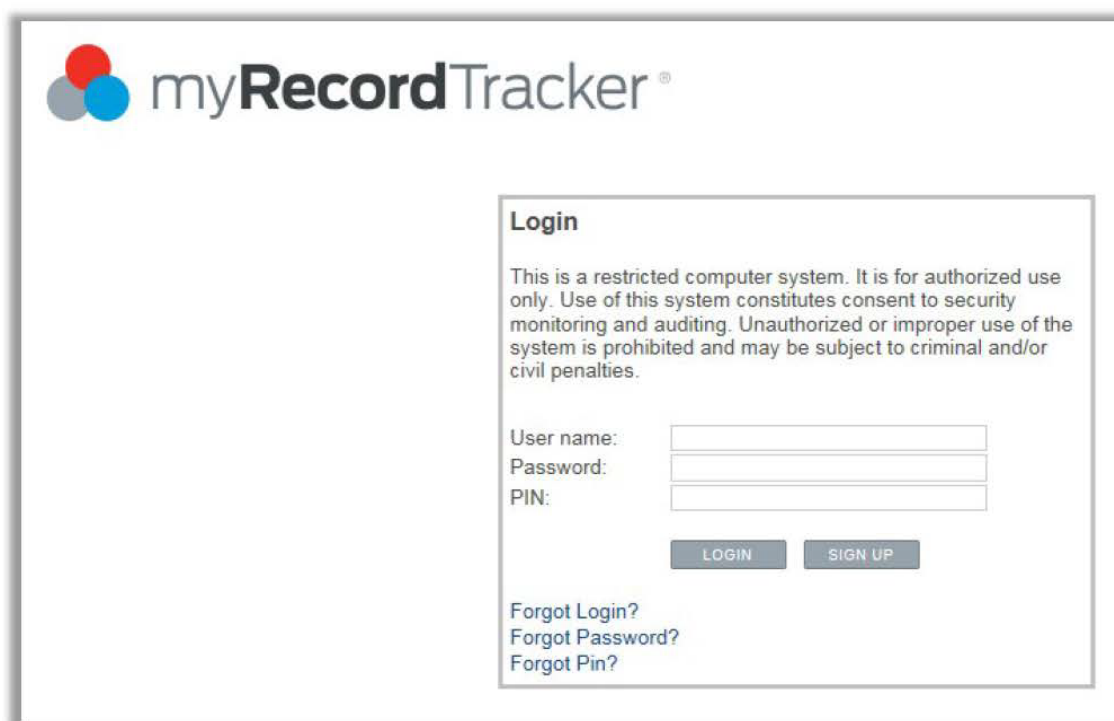
NOTE: In order for you to receive the invitation email from myRecordTracker, the school must have uploaded your contact information into the myRecordTracker system. If you are expecting an invitation email to myRecordTracker, but you have not received one, contact the school.

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.

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).

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:

Once submitted, you will be given the opportunity to review the document that was uploaded, along with naming the document on the myRecordTracker website. This section will indicate which unfulfilled requirement(s) are left. You can decide to attach your document to multiple requirements or just one requirement by checking the box to the left of the unfulfilled requirement.

When prompted for an expiration date, please use 1/1/2099

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